



**Cobourg Police Service**  
**COMMUNITY SAFETY INNOVATION FUND (CSIF)**  
**CO-APPLICATION FORM A**

<b>CO-APPLICANT ORGANIZATION</b> - Please consult the CSIF guidelines to ensure the co-applicant is eligible to apply.			
Full Legal Name/Corporate Name of Organization:			
Operating Name (if different from above):			
Local Organization		NO	YES
Organization Type:	Post-Secondary Educational Institution	Research Centre	Not-for-Profit
	Other (Specify):		
CRA Business Number:		Year Established:	
Address:			
Municipality/Town:		Postal Code:	
Website URL:			
Number of Employees:	Full-time	Part-time	Temporary
Number of Volunteers:	Full-time	Part-time	Temporary
Primary Contact Person:		Position/Title:	
Telephone Number:		Mobile Number:	
Email:			
Mailing Address is the same as above, or:			
Address:			
Municipality/Town:		Postal Code:	
<b>CO-APPLICANT DESCRIPTION</b> – provide services offered, and the part of the organization to which the application relates– (350 words maximum)			