

Application For Special Use Of Poppy Trust Funds



(Please print)

Command: _____ Branch Name: _____ Branch #: _____

Branch Address: _____

Branch Telephone #: _____ Branch Fax #: _____

Contact Name: _____ Contact Phone # / email: _____ Date: _____

Poppy Manual Section 403 **USE OF FUNDS CATEGORIES** (Check only one of the following boxes)

- Poppy Manual Subsection 403.ii.a: **Housing Accommodation or Care Facilities** (Choose all which apply)
 - Purchases
 - Repair
 - Furnishings
- Poppy Manual Subsection 403.ii.b: **Medical** (Choose one of the following)
 - Medical Training
 - Medical Research
- Poppy Manual Subsection 403.ii.c: **Medical Appliance**
- Poppy Manual Subsection 403.ii.d: **Veteran Services Drop-In Centre for Veterans**
- Poppy Manual Subsection 403.ii.e: **Relief of Disasters declared by the Federal or Provincial Government**
- Poppy Manual Subsection 403.ii.f: **Monuments**
- Poppy Manual Subsection 403.ii.g: **Support of Cadet Units**
- Poppy Manual Subsection 403.ii.h: **Biannual Veterans Visit**
- Poppy Manual Subsection 403.ii.i: **Transportation**
- Poppy Manual Subsection 403.ii.j: **Accessibility Modifications**
- Poppy Manual Subsection 403.ii.k: **Coin Sorting Machine**
- Poppy Manual Subsection 403.ii.l: **Transition Programs for Veterans**
- Poppy Manual Subsection 403.ii.m: **Operational Stress Injury Service Dogs**
- Poppy Manual Subsection 403.ii.n: **Support to Resource Centres** (Choose one of the following)
 - Military Family Resource Centre
 - Other—Supporting Veterans
- Poppy Manual Subsection 403.ii.o: **Support to a Visiting Hospice Program**
- Poppy Manual Subsection 403.ii.p: **Custom-Made Adaptable Sports Equipment & Recreational Gear**

Current Poppy Account Balance as of date motion approved by branch: \$ _____

Projected Cost: \$ _____ Amount Requested: \$ _____

Description of how the funds will be used or item being donated: _____

_____ Date of General Meeting at which this expenditure was approved: _____

Motion Moved By: _____ Motion Seconded By: _____

Signature: _____ Signature: _____
Poppy Chair / Treasurer Branch President / Administrator

PROVINCIAL COMMAND APPROVAL Copy of minutes may be required by Provincial Command.

YES By: _____ Date: _____

NO: More information is required, please complete highlighted areas and return to Command.