



Legion Branch Emergency Support Application

Branch Information

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|--|---|------------------------------|
| Name of Legion Branch | | |
| Contact person (last name, first name) | | Position within organization |
| Mailing address (No., Street, Apartment No., PO Box, RR No.) | | City/Town/Village |
| Country | Province/Territory/State | Postal Code/ZIP |
| Telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other () | Other telephone (Country Code, Area Code, No.) <input type="radio"/> Canada/US <input type="radio"/> Other () | |
| E-mail address | Branch website (if applicable) | |
| Person authorized by the Branch to sign financial agreements (last name, first name) | | |
| Indicate the number of Veterans served or assisted annually. Indicate if the service or assistance is provided in person or virtually. | | |

Covid-19 Impacts

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| Provide a brief description of the impacts that the Covid-19 pandemic has had on your Branch and your ability to sustain operations (include loss of revenue sources and impact on service delivery). | |
| Is your Branch facing hardship or imminent closure (within 3 months) due to Covid-19? If yes , please describe. Yes <input type="radio"/> No <input type="radio"/> | |
| Has your Branch been able to make use of other Federal or Legion support measures to address the effect of Covid-19? If yes , indicate which program. | Yes <input type="radio"/> No <input type="radio"/> If yes , amount of funding for 2020-2021 \$ |
| Describe what other avenues of support or resources you have available to you or are currently pursuing. | |

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| Total amount of funding being requested \$ | |
| What was your Branch's budget in 2019? | \$ |

Provide previous year completed operating statement **or** previous year approved yearly budget as an attachment to this application.

Funding requirements

Provide a breakdown of your request by category of expense

| Expense description | Amount requested \$ | Yearly expenses in previous fiscal year* \$ |
|-----------------------------------|------------------------|--|
| Wages and benefits | | |
| Professional fees | | |
| Travel and accommodations | | |
| Insurance | | |
| Utilities | | |
| Rent/mortgage payment of facility | | |
| Materials and supplies | | |
| Printing and communication | | |
| Administration costs | | |
| Cleaning Services | | |
| Property Tax | | |
| Total | | |

Provide any additional information you feel best represents the needs of your Branch.

*Expenses incurred during the fiscal year prior to the onset of the Covid-19 pandemic.

Attestation - to be considered for funding, all boxes must be checked

I hereby attest that:

- The information contained in this application is accurate and complete.** If there is a change in authorized signatory and/or contact information, the Branch will notify Dominion Command
- Funding may be used only for the purposes specified in this application.** Once Dominion Command authorizes financial assistance, no change can be made to the expenses without Dominion Command approval (Dominion Command will determine what constitutes a change).
- Funds not used for the specified purposes must be returned to Dominion Command.

Attestation (continued)

I hereby attest that:

| | |
|--------------------------|--|
| <input type="checkbox"/> | The Branch, by its authorized agents, consents and authorizes Dominion Command to disclose any information received in the application within the Legion or to outside entities for the following purposes: to reach a decision on this applicaiton, and to administer, monitor and to evaluate. |
| <input type="checkbox"/> | The Branch will take all necessary actions to maintain itself in good standing, to preserve its legal capacity and to inform Dominion Command, without delay, or any failure to do so. |
| <input type="checkbox"/> | The information contained on this form is accurate and represents the current financial status of my Branch. |

Please include the following documents with your application:

- Direct deposit form
- Void cheque
- Previous year completed operating statement **or** previous year approved yearly budget

| | |
|--|-------------------|
| Name of person authorized to sign for the Branch (last name, first name) | Title |
| Signature | Date (yyyy-mm-dd) |

PROVINCIAL COMMAND APPROVAL

| | |
|---|-------------------|
| Name of person authorized to sign for the Command (last name, first name) | Title |
| Signature | Date (yyyy-mm-dd) |