



Application for Special Use of Poppy Funds per Section 403 ii of the Poppy Manual 2019

PART A

Branch Name: _____ Branch No: _____ Date: _____

Complete Address of Branch: _____

Branch Telephone No. _____ Branch Fax / Email: _____

Contact Name: _____ Contact Home Phone: _____

PART B VALID FOR ONE (1) YEAR FROM DATE OF APPROVAL

Application for use of funds under the following: **(Check (✓) only one of the following sections per Special Use form Attach any quotes or invoices required.**

S320 Storage Costs (3 months allowed at \$7.00 per sq. foot) (up to \$350 per year max.)
(Please include the square footage of storage area)

S403 ii.

a. Housing Accommodation or Care Facilities (Choose one of the following up to 50%max.)

Purchase Construction Repair Furnish

b. Medical Training and Medical Research (Choose one of the following up to 50%max.)

Medical Training Medical Research

c. Medical Appliance

d. Veteran Services (Choose one of the following up to 50%max.)

Legion/Branch Drop In Other (Specific Details Required)

e. Relief of Disasters declared by the Federal or Provincial Government (up to 50%max.)

f. Constructing, Maintaining or Preserving of Monument:

Local Owned (up to 25%max.) Legion Owned (up to 50% max.)

g. Support of Cadet Units (if branch sponsors more than one unit, the total 20% would be divided)

h. "Annual" Veterans Visit include all details i.e. # of veterans, their spouse/caregiver accompanying the Veteran or Veteran's widows/widowers accompanied by a caregiver, date and cost of dinner only. (Up to \$25.00 per plate max.) Excluding alcoholic beverages or Services e.g. entertainment - see Subsection 403.ii.i. RECEIPTS MUST BE SUBMITTED

i. Transportation/Related Services - occasional day trips (up to 50% max.) See Subsection 403.ii.h.

j. The installation of an access ramp to the branch entrance and by installing or retrofitting the branch's entrance with a handicap door operator **OR the installation, maintenance and repair to the personal lifting devices **OR** the installation of washroom door, toilet, and sink for handicap accessibility (up to 50% max.)**

k. The purchase of a coin sorting/counting/wrapping machine (**10% max. of Cost**)

l. Support of the Veterans Transition Programs (**up to 25% max.**)

m. Support the costs associated with Service Dogs (PTSD) (**up to 25% max.**)

n. Support to Resource Centres (**up to 25% max.**)

MFRC

Other – Supporting Veterans

a. Support to a Visiting Hospice Program (**up to 25% max.**)

PART C - To speed the process of Command approval, please supply the following information:

Name(s) of Intended Recipient(s): _____

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

Current Poppy Account Balance as of the date of the **General Meeting** approved at: \$ _____

Amount Requested: \$ _____ Projected Cost \$ _____

Date of **General Meeting** at which this expenditure has been approved: _____

Motion Moved by: _____ Seconded by: _____

Signed: _____ Signed: _____
Poppy Chairman/Joint Fund Treasurer Branch President /Joint Fund Administrator

COMMAND APPROVAL GIVEN: **YES** By: _____ Date: _____

NO (More information is required, please complete highlighted areas and return to Command)

Other reasons for non-approval of this request:

If you have questions or comments, please call Ontario Command at 905-841-7999 or fax 905-841-9992.

EMAIL: poppyspecialuse@on.legion.ca

June 2019