



Application for Special Use of Poppy Funds per Section 403 ii of the Poppy Manual 2020

**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.)**

COVID-19 – **One Time** \$500.00 Expenditure for PPE etc.

**f. Constructing, Maintaining or Preserving of Monuments:**

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

**o.** 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: \_\_\_\_\_

\_\_\_\_\_

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**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.