



Legion Branch Emergency Support Application

Branch Information

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

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.	

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)

Direct Deposit Authorization for Electronic Funds Transfer (EFT)

Use this form to:

Start Direct Deposit Payments Change information previously submitted Effective date: _____
Month/Day/Year

Contact information:

Vendor Number (For Office Use Only): _____
Name of company or person to receive payment: _____
Street Full Address: _____
Contact Person: _____ Phone: _____
Title or Position: _____ Fax: _____

Confirmation of Deposits:

Your statement of account from your bank will show payments from The Royal Canadian Legion.
E-mail address for confirmation of deposit: _____

Bank Account Information for Deposits

Please attach a blank cheque with your bank information on it.
Write VOID across the front.

Type of Account: Chequing Savings

Name / Nom PO Box / CP 000 City / Ville, Canada H0H 0H0	Example / Exemple	Cheque No. 0000000 No de chèque
Pay to the order of Payez à l'ordre de	<i>Void / Nul</i>	\$ _____ Dollars
••••• 99999 ••• 999	999 ••• 999 ••• 9	Signature _____
<small>Cheque No.</small>	<small>Branch No.</small>	<small>Institution No.</small>
		<small>Bank Account No.</small>

For accounts without cheques, have your bank complete the following:

Type of Account: Chequing Savings

Name of bank or other financial institution: _____

Address of branch where account is held: _____

Transit No.: _____ Institution No.: _____

Account No.: _____

Teller Stamp:

Authorize Electronic Funds Payments

I authorize The Royal Canadian Legion, by electronic fund transfer, payments owed to me by The Royal Canadian Legion and, if necessary, to debit entries and adjustments for amounts deposited electronically in error. The Finance Department of The Royal Canadian Legion will deposit the payments in the banking account designated above. I recognize that if I give incomplete or inaccurate information on this form, payments may be made to the wrong account.

Authorized Signature: _____

Printed Name: _____

Title: _____

Date: _____
Month/Day/Year

Email completed form and voided cheque to:

Email: directdeposit@legion.ca