

Application For Special Use Of Poppy Trust Funds



(Please print)

Command: _____ Branch Name: _____ Branch No.: _____

Branch Address: _____

Branch Telephone No.: _____ Branch Fax No.: _____

Contact Name: _____ Contact Phone No / email: _____ Date: _____

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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 Construction Repair Furnishings

Poppy Manual Subsection 403.ii.b: Medical (Choose one of the following)

Community Medical Appliance Medical Training Medical Research

Poppy Manual Subsection 403.ii.c: Senior Services (Choose one of the following)

Drop-In Centres for the Elderly Meals on Wheels

Poppy Manual Subsection 403.ii.d: Relief of Disasters declared by the Federal or Provincial Government

Poppy Manual Subsection 403.ii.e: Monuments

Poppy Manual Subsection 403.ii.f: Support of Cadet Units

Poppy Manual Subsection 403.ii.g: Annual Veterans Visit

Poppy Manual Subsection 403.ii.h: Transportation

Poppy Manual Subsection 403.ii.i: Accessibility Modifications

Poppy Manual Subsection 403.ii.j: Call to Remembrance Program

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: Post Traumatic Stress Disorder—Service Dogs

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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: _____
(yyyy/mm/dd)

Motion Moved By: _____ Motion Seconded By: _____

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

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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.