

Application for Special Use of Poppy Funds

per Section 403 of the Poppy Manual



Branch Name: _____ Branch No.: _____ Date: _____

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

Contact Name: _____ Contact Phone No.: _____

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 Modification**
- 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: **Veterans' Transition Programs**
- Poppy Manual Subsection 403.ii.m: **Post Traumatic Stress Disorder—Service Dogs**
- Poppy Manual Subsection 403.ii.n: **Canadian Military Family Resource Centres**

REQUIRED INFORMATION

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: _____
dd-mm-yy

Motion Moved By: _____ Motion Seconded By: _____

A copy of the General Meeting minutes authorizing this expenditure MUST ACCOMPANY this form. If the expenditure request is for Monuments (Poppy Manual Subsection 403.ii.e) or Accessibility Modification (Poppy Manual Subsection 403.ii.i) also provide a copy of the quote for the completion of the work.

Signature: _____ Signature: _____
Poppy Chairman Branch President

PROVINCIAL COMMAND APPROVAL

YES By: _____ Date: _____

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