

BRANCH POPPY FUND DISTRIBUTION REQUEST

Date: _____

Branch Name: _____ No: _____ District: _____

Branch Address: _____

Branch Telephone No: _____ Fax No: _____

Contact Name: _____ Phone No: _____

Email: _____

Refer to the Poppy Manual Section 401 - ELIGIBILITY

- Assist a Veteran or their family. **Proof of income must be supplied to Branch.**
 - Poppy Trust Funds may also be donated to a centralized Command Poppy Trust Fund.
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Refer to the Poppy Manual Section 402 - USE OF FUNDS (Check only one of the following)

- 402i b Storage Costs (Must be Pre-Approved by Alberta-NWT Command) - **Not to exceed \$350.00**
 - 402i c Reasonable costs associated with the Poppy Campaign - **Provide details in Minutes**
Administration Costs, Advertising, Light Lunch, Phone, Bank Charges, Coin Wrappers, Postage, Stationary
 - 402ii a 2 Minutes Wave of Silence program
 - 402iii b Branch Service Officer - *Reasonable expenses related to service work*
 - 402iii c Personal Comforts for Veterans and their Widows/Widowers
 - 402iii d Medical Alert System - *\$300.00 annual maximum*
 - 402iii e Donations to the RCEL
 - 402iv a Accounting Costs - *External Audit or Review*
 - 402v a Poppy and Remembrance Seminars
 - 402vi a Education Bursaries for those **in need** of assistance - **Means Test required**
 - 402vi b Donation to the Alberta-NWT centralized Command Bursary Fund
 - 402vi c Cost to Distribute Authorized Poppy and Remembrance material to schools
 - 402vi d Prizes for the Poster and Literary Contest
 - 402viii Homeless Veterans Provincial Program
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Refer to the Poppy Manual Section 403 – SPECIAL USE EXPENDITURES

Must have approval prior to Expense - (Check only one of the following)

- 403ii a **Housing Accommodation or Care Facilities**
Purchases, Construction, Repair, Furnishings in Care Facilities & Hospital Wards for Veterans
- 403ii b **Medical Training / Research** - *Provide description of expense for either Medical Training, Medical Research or Defibrillator Training*
- 403ii c **Medical Appliances**
- 403ii d **Senior Services** - *Drop-In Centres for Veterans, Meals on Wheels*
- 403ii e **Donation for Relief of Disasters declared by the Federal or Provincial Government**

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- 403ii f **Monuments - Attach details**
- 403ii g **Support of Cadet Units (Unit No. _____)**
- 403ii h **Annual Veterans Visit - Include event details & receipts**
- 403ii i **Transportation**
- 403ii j **Accessibility Modification - Only one access per Branch**
- 403ii k **Coin Sorting Machine**
- 403ii l **Transition Programs for Veterans**
- 403ii m **Post-Traumatic Stress Disorder (PTSD) - Service Dogs**
- 403ii n **Support to Resource Centers that support Veterans**

Current Poppy Account Balance, **as of the date Motion was approved by Branch:** \$ _____

Amount Requested: \$ _____

Description of how the funds will be used or item being donated: **(include additional sheet if required)**

Date of General Meeting when approved: _____ Minutes attached (tick)

PRINT: Branch President's Name _____

Branch Poppy Chair's Name _____

Signature _____

Signature _____

Date: _____

**Note: Branches can authorize up to \$350.00 in assistance grants.
Branches MUST report all distributions to their District Commander.
This request must be forwarded to your District Commander with the Meeting Minutes.**

DISTRICT COMMANDER'S APPROVAL / RECOMMENDATION

Signature _____

Date: _____

Note: District Commanders can authorize up to \$1,000.00. You MUST report all distributions to Provincial Command.

ALBERTA-NWT COMMAND APPROVAL

Signature _____

Date: _____