

BRANCH POPPY FUND DISTRIBUTION REQUEST

Date: _____

Branch Name: _____ Branch No: _____

Branch Email Address: _____ Branch Phone: _____

Contact Name: _____ Phone No: _____

Contact Email: _____

Poppy Manual Section 402 - USE OF FUNDS
 Please refer to the Poppy Manual for detailed information
 (Check only one of the following)

- 402i b Storage Costs Interior/Exterior current year only
- 402ii a 2 Minute Wave of Silence program
- 402iii b Branch Service Officer reasonable expenses
- 402iii c Personal Comforts for Veterans and their Widows/Widowers
- 402iii d Medical Alert System \$1,500 annually
- 402iii e Donations to the RCEL
- 402iv a Accounting Costs - External Audit or Review
- 402v a Poppy and Remembrance Seminars
- 402v b Reasonable cost to Host of Mental Health Seminar/Education
- 402vi a Education Bursaries - Means Test required
- 402vi b Donation to the Alberta-NWT Command Central Fund
- 402vi c Cost to Distribute Authorized Poppy and Remembrance material to schools
- 402vi d Prizes for the Poster and Literary Contest

Poppy Manual Section 403 - USE OF FUNDS

Please refer to the Poppy Manual for detailed information
 (Check only one of the following)

- 403ii a **Housing Accommodation or Care Facilities** (Choose all which apply)
 Repair Furnish
- 403ii b **Medical** (Choose one of the following)
 Medical Training Medical Research
- 403ii c **Medical Appliances**
- 403ii d **Veterans Services**
- 403ii e **Donation for Relief of Disasters declared by the Federal or Provincial Government**

- 403ii f **Monuments**
 - 403ii g **Support of Cadet Units – Unit No.:** _____ (Note balance requirement)
 - 403ii h **Annual Veterans Visit**
 - 403ii i **Transportation**
 - 403ii j **Accessibility Modification**
 - 403ii k **Coin Sorting machine**
 - 403ii l **Transition Programs for Veterans**
 - 403ii m **Operational Stress Injury Service Dogs**
 - 403ii n **Military Family Resource Centre (MFRC)**
 - 403ii o **Support to a Visiting Hospice**
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Current Poppy Account Balance, as of the date the Motion was approved by Branch: \$ _____

Description: Who is receiving the funds, what are the funds for and how this applies to the Poppy Manual: _____

Amount Requested: \$ _____

Date of General Meeting when approved: _____

Meeting Minutes attached (tick)

 Print Branch President's Name

 Print Poppy Chair's Name

 Signature

 Signature

Date: _____

Submit all documentation to your District Commander

DISTRICT COMMANDER APPROVAL (*District Commander to confirm application has been filed out correctly and information meets the requirements of the Poppy Manual.*)

Print Name: _____

Signature: _____ Date: _____

ALBERTA-NWT COMMAND APPROVAL

Print Name: _____

Signature: _____ Date: _____