

Branch Assistance Loan Process

The purpose of this Fund is to assist Branches in financial distress, with interest free loans for amounts up to \$30,000 which are repayable in 5 years or less. Funds will not be loaned to simply cover new building construction or to expand existing facilities.

Applications for assistance shall be in writing, accompanied by:

- The minutes of a Special General Meeting authorizing the loan request
- Current Balance Sheet and Income Statement; and
- Last year-end Balance Sheet and Income Statement.

The application must be reviewed and approved by the District Commander who then forwards it to the Command office with his/her recommendation. All applications shall be considered by the Finance and Operations Committee and submitted with recommendations to Command Council for final decision and approval.

Approved applicants may be required to submit monthly financial reports or further financial information at the discretion of the Operations and Finance Committee.

All new Branch Assistance Loans bear a one-time administration and accounting fee of \$400.00 which shall be added to the loan balance.

All Branches having or obtaining Branch Assistance Loans shall provide twelve (12) postdated Loan payment cheques per year.

Branches having Branch Assistance Loans shall provide security for their loan by way of a promissory note and caveat, or other encumbrance registered against their real and other property in the full amount of the loan. All legal costs incurred to register a caveat against the property shall be directly billed to the Branch by command's legal representative.

Where loans are in default 1.5% interest will be charged per month on overdue installments. Delinquent loans could cause the entire indebtedness to become due and payable forthwith. Any expenses incurred during the collections of delinquent Branch Assistance loan will be charged back to the Branch.

Once the loan has been repaid a letter stating it has been repaid in full with the original promissory note will be sent to the Branch. It is the Branch's responsibility to ensure the caveat is removed.

**ALBERTA-NWT COMMAND
THE ROYAL CANADIAN LEGION**

BRANCH ASSISTANCE LOAN APPLICATION

DATE: _____

BRANCH NAME & NO.: _____

ADDRESS: _____

PHONE: () _____

Brief description of the reason the loan is required:

AMOUNT REQUESTED (MAXIMUM \$30,000.00) _____

**SIGNATURES OF AT LEAST SIX (6) MEMBERS IN GOOD STANDING OF THE BRANCH
WHO AGREE WITH THE ABOVE STATEMENT.**

Print Name	Signature	Membership #	Telephone #

DISTRICT COMMANDER APPROVAL _____

BRANCH EXECUTIVE CONTACTS

Please complete this form and return it via email to our office at jmindach@abnwtleion.com or fax to 403-284-9899.

Personal information provided is for Command use only and will not be publicly distributed unless you authorize it
Your District Commander and Dominion Command will be advised of new Branch addresses, phone and fax numbers and main email.

PRINT CLEARLY

Date: _____

Branch Name: _____ No. _____ Dist. _____

Branch Mailing Address (**Box and Civic**) _____

Postal Code: _____

Telephone: _____ Fax: _____

If the Branch does not have a phone or fax, please provide a main phone & fax #

Office: Days and Time of Operation: _____

Lounge: Days and Time of Operation: _____

Branch Email Address: _____

If the Branch does not have an email address, please provide a main email for mail-outs

Branch Web Site: www. _____

President's Name _____

Ph: _____ / Cell: _____

Email: _____

Immediate Past President's Name: _____

Ph: _____ / Cell: _____

Email: _____

1st Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

2nd Vice President's Name: _____

Ph: _____ / Cell: _____

Email: _____

Secretary's Name: _____

Ph: _____ / Cell: _____

Email: _____

Treasurer's Name: _____

Ph: _____ / Cell: _____

Email: _____

Service Officer's Name: _____

Ph: _____ / Cell: _____

Email: _____

Membership Chair's Name: _____

Ph: _____ / Cell: _____

Email: _____

Poppy Chair's Name: _____

Ph: _____ / Cell: _____

Email: _____

Sports Officer's Name: _____

Ph: _____ / Cell: _____

Email: _____

Manager's Name: _____

Ph: _____ / Cell: _____

Email: _____

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.

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 for Poppy Chair, Branch Service Officer or designate
 - 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
-

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 **Veterans Services-** *Legion Branch Drop-In Centers for Veterans*
- 403ii e **Donation for Relief of Disasters declared by the Federal or Provincial Government**

Date: _____

Branch Name: _____ No: _____ District: _____

- 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 - Occasional day trips for Veterans**
- 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: _____



BURSARIES TERMS OF REFERENCE

The award of bursaries is **based on financial need** and includes any person who is serving or has honourably served and their dependants. This also includes children, grandchildren and great grandchildren who are in need of financial assistance.

A bursary may be awarded at any stage of a College or University program for the 2019/2020 Academic Year.

Selection of the bursary recipient is performed solely by the institution using the guidelines provided by Alberta-NWT Provincial Command.

Following is a complete list of bursaries and the institutions involved:

2 - \$1000.00	Alberta College of Art in Calgary	Any course
3 - \$1000.00	Ambrose University in Calgary	Any course
2 - \$1000.00	GPRC Fairview College Campus	Any course
2 - \$1000.00	Grande Prairie Regional College	Any course
2 - \$1000.00	Lakeland College in Vermillion	Any course
2 - \$1000.00	Lethbridge Community College	Any course
2 - \$1000.00	MacEwan University in Edmonton	Any course
2 - \$1000.00	Medicine Hat College	Any course
2 - \$1000.00	Mount Royal University in Calgary	Any course
4 - \$1000.00	NAIT (Northern Alberta Institute of Technology)	Any course
2 - \$1000.00	Olds College	Any course
2 - \$1000.00	Portage College in Lac La Biche	Any course
2 - \$1000.00	Red Deer College	Any course
4 - \$1000.00	SAIT (Southern Alberta Institute of Technology)	Any course
4 - \$1000.00	University of Alberta in Edmonton	Any course
4 - \$1000.00	University of Calgary	Any course
2 - \$1000.00	University of Lethbridge	Any course

**Please contact the Student Financial Aid Office at the respective Institution
for the application and further information**

INSTRUCTIONS FOR CENOTAPH GRANTS

On a one-time basis, the Command Lotteries and Gaming Committee have made funds available for the construction or renovation of Cenotaphs.

These grants or matching grants, up to a maximum of \$3,000.00, are administered by the Committee and each application will be considered on its own merits.

The application is to be sent directly to the District Commander for review and execution then forwarded to Provincial Command by the District Commander.

All items on the report must be filled in with careful consideration given to the Description of Expense area as this is what will justify the request.

NOTE – An alternative to this program is Veteran Affairs Canada (VAC) program of Government funds available for restoration. For further information or to apply for funding, contact VAC at 1-866-522-2122 or visit their web site at www.veterans.gc.ca/eng/memorials/cenotaph

Alberta-NWT Command
The Royal Canadian Legion

CENOTAPH GRANT APPLICATION
(One Time Only to a Maximum of \$3,000.00)

BRANCH NAME: _____

BRANCH NO.: _____ / DISTRICT NO: _____

CENOTAPH LOCATION:

AMOUNT: \$ _____

DESCRIPTION OF EXPENSE:

DISTRICT COMMANDER'S RECOMMENDATION:

**** Receipts must be submitted upon the completion of the construction
or renovation of the Cenotaph before payment is processed ****

District Commander's Signature

MAJOR AWARD APPLICATION CHECKLIST

In an effort to assist in insuring that applications are thorough and complete, the Ritual and Awards Committee is providing a checklist to use when completing or reviewing a major Legion award application. This list is by no means a substitute for reading the information in Chapter Two of the Ritual, Awards and Protocol Manual, but rather a tool to ensure that all of the criteria outlined in the manual are present in the application.

We ask that you utilize this Check List prior to your Provincial Committee's approval and forwarding applications on to our Dominion Committee. This hopefully will assist in reducing major award applications being returned. Please remember that the Honours and Awards Committee is only a recommending body and that approval must be received at a General or Executive Committee Meeting and recorded in the minutes of such meeting.

	Is the correct form (latest version of form #800281) being used?
	Is it clearly checked which award is being applied for?
	Is it clearly checked at what level of the Legion the application originated?
	Is the information about the Branch and Command complete and accurate?
	Are all previous awards listed, with dates?
	Is the date and type of the General or Executive Meeting where approval was given provided along with the actual minutes of such meeting? Do they include the name of the applicant and the names of the mover and seconder? If an in camera meeting was held, are the minutes of that meeting also included?
	Is the information about the nominee complete and accurate?
	Is the information about the individuals who prepared the application complete?
	Is the form properly signed?
	Does the citation contain the name and membership status of the individual being nominated?
	Does the citation list in chronological order, all Legion Offices and positions held since the previous award(s) received?
	Does the citation contain all information about outstanding Legion service, including dates since the previous award(s)?
	Has the citation been signed by the nominator and dated?
	Has the member being nominated for an MSM or MSA previously received a Life Membership? Has it been 5 years since the Life Membership has been awarded?
	Is there information provided regarding service to the community, especially service provided as a representative of the Legion since the last award with dates?
	For an MSM or MSA, is a copy of the Life Membership application, with citation, attached?
	For a Palm Leaf, are copies of the MSM or MSA application, with citations, attached?

**ALBERTA-NWT COMMAND
LITERARY AND POSTER CONTEST STATISTICAL REPORTING FORM
FOR BRANCHES**

Branch Name/No: _____ District #: _____

ADD ALL OF THE ENTRIES YOU RECEIVED AND ENTER THE NUMBERS BELOW

POETRY

	JUNIOR	INTERMEDIATE	SENIOR
# Entries			

ESSAYS

	JUNIOR	INTERMEDIATE	SENIOR
# Entries			

POSTER (Colour)

	PRIMARY	JUNIOR	INTERMEDIATE	SENIOR
# Entries				

POSTER (Black/White)

	PRIMARY	JUNIOR	INTERMEDIATE	SENIOR
# Entries				

Prepared By: _____

Date: _____

**FAX 403-284-9899 OR EMAIL (office@abnwtlegion.com) THIS FORM DIRECTLY
TO COMMAND OFFICE
ON OR BEFORE DECEMBER 31**

**ROYAL CANADIAN LEGION
POPPY FUND ASSISTANCE APPLICATION
Statement of Income and Expense Form**

Full Name _____

Address _____

Phone _____ Email _____

Service # _____ D.O.B. _____ Marital Status _____

of Dependants _____

Assistance Required _____

MONTHLY INCOME:	\$	MONTHLY EXPENSES:	\$
Gross Wages of Applicant	_____	Rent or Mortgage	_____
Gross Wages of Spouse	_____	Property Taxes	_____
Family / Youth Allowance	_____	Food	_____
All Pensions	_____	Clothing	_____
Tenants / Boarders	_____	Telephone / Cell / Internet	_____
Other (specify)	_____	Insurance (all types)	_____
_____	_____	Pension Plans (all types)	_____
_____	_____	Utilities (all types)	_____
TOTAL MONTHLY INCOME	=====	Income Taxes	_____
LESS TOTAL EXPENSES	_____	Transportation	_____
MONTHLY SURPLUS/DEFICIT	=====	Vehicle Payments	_____
		Vehicle Fuel	_____
		Entertainment / Recreation, etc.	_____
		Other Expenses (specify)	_____
		_____	_____
		_____	_____
		TOTAL MONTHLY EXPENSES	=====

ASSETS: _____ \$ **LIABILITIES:** _____ \$

PAY STUBS, PENSION STUBS, AND MONTHLY EXPENSE RECEIPTS
TO BE PROVIDED UPON REQUEST

**ROYAL CANADIAN LEGION
POPPY FUND ASSISTANCE APPLICATION
Statement of Income and Expense Form**

Cash on Hand & in Bank			
Bonds, Certificates, Terms, etc.			
Property / Furniture, etc.			
Automobile & Other Vehicles			
Life Insurance (Surrender Value)			
Other (specify)			
TOTAL ASSETS		TOTAL LIABILITIES	

Do you receive financial assistance from other sources?

Please specify: _____

Previous assistance from local Legion Branch or Poppy Fund:

Amount \$ _____ **Dates:** _____

STATUTORY DECLARATION

I solemnly declare that the above information is true and complete. This will also confirm that I consent to the collection and sharing of personal financial information for the sole purpose of assessing my application for Poppy Fund Assistance by authorized personnel only.

Signature of Applicant _____

Witness Name and Signature _____

Dated _____

Interviewer's Remarks _____

POPPY TRUST FUND STATEMENT

PLEASE MAIL OR FAX THIS STATEMENT TO ALBERTA-NWT COMMAND

October 1st, _____ to September 30th, _____

Your attention is directed to the Poppy Manual of The Royal Canadian Legion and in particular, to Section 615 c. which states "**The completed form is due at your Provincial Command office by October 31st of the reporting year**" and to the Alberta-NWT Command By-Laws - Reports and Forms sections 601 & 602 which indicates "**Branches must submit this completed form to Provincial Command as directed**". By not submitting this statement on time will deem the Branch Not In Good Standing.

Branch Name: _____ No: _____ District No. _____

- | | | |
|--|----------|-----------------|
| 1. Balance in Poppy Fund at October 1 st | \$ _____ | |
| 2. Add: Donations & Receipts (all sources)
(including interest income) | \$ _____ | |
| 3. Repayment from General Fund
(if applicable) | \$ _____ | |
| TOTAL of 1+2+3 = "A" | | \$ _____ |
| 4. Cost of: | | |
| a) Poppies and Wreaths | \$ _____ | |
| b) Promotional Material | \$ _____ | |
| c) Campaign Expenses
Attach a detailed list on separate sheet | \$ _____ | |
| TOTAL of 4 a+b+c = "B" | | \$ _____ |
| d) Assistance to Ex-Service or Serving
Personnel / Dependants | \$ _____ | |
| e) Poster and Literary Contest | \$ _____ | |
| f) Support of Cadet Units | \$ _____ | |
| g) Special Use Expenditures under section 402 of the Poppy Manual
Attach a detailed list on a separate sheet | \$ _____ | |
| h) Bursary Donations in the Community | \$ _____ | |
| TOTAL of 4 d+e+f+g+h = "C" | | \$ _____ |
| 5. Balance at September 30 th (this is your reconciled bank balance) | | |
| (Total = "A" minus "B" minus "C" | | \$ _____ |

We certify that the above amount is the reconciled bank balance at September 30th _____

Signature - Branch President

Signature – Poppy Chairperson

KEEP A COPY FOR YOUR RECORDS AND SEND A COPY TO YOUR DISTRICT COMMANDER

*** See reverse side for description of expenses. ***

Updated 2014

POPPY TRUST FUND STATEMENT

DESCRIPTION OF EXPENSES

This information is provided to assist in completion of the annual Poppy Trust Fund Statement as at September 30th.

1. The starting balance, October 1st should be the same as your ending balance on your last statement.
2. Add the donations and interest received during the year.
3. Add in any repayment from the General Fund that was required as a result of any identified improper expenditures applied to the Poppy Fund during the previous year.

The above figures should be totaled and entered on line “A” provided.

4. Cost of:

- (a) Poppies and Wreaths: This is what you bought for the November 11th Campaign. The paid invoices from Command will help you determine this figure.
- (b) Promotional Material: Again, this is what you bought for the November 11th Campaign. The paid invoices from Command will help you determine this figure.
- (c) Campaign Expenses: Costs such as advertising, telephone charges, bank charges, coin wrapping material, postage, stationery, refreshments such as coffee and juice and light lunches such as sandwiches or donuts for canvassers/volunteers, bank charges and other costs of a similar nature. **Storage costs, within the Branch, for poppies, wreaths and related supplies are limited to \$350.00 per year. For exterior warehouse space, the limit is \$175.0 per year. Attach a detailed list of campaign expenses on a separate sheet.**

The above figures should be totaled and entered on line “B” provided.

- (d) Assistance to Ex-Service or Serving Personnel: This is the figure that shows the total amount of money you have given Ex-Service or Serving personnel or their dependants, who are in financial need. (i.e. purchase a wheelchair, grocery voucher, gas voucher, etc).
- (e) Poster and Literary contest: This figure represents your expenses; i.e. prizes for the contest.
- (f) Funding to support Cadet Units that have assisted with the Poppy Campaign.
- (g) Special Use Expenditures: ALL such expenditures require PRIOR Command approval and are described in Section 402 of the Poppy Manual. **Attach a detailed list of Special Use Expenditures on a separate sheet.**
- (h) Bursary Donations: Provide the amount your Branch spent in provision of direct bursaries within your community.

The above figures should be totaled and entered on line “C” provided.

5. The overall TOTAL = “A” minus “B” minus “C”. This figure should agree with your Reconciled Bank Statement as at September 30th.

**THE ROYAL CANADIAN LEGION
REGISTRATION FORM
FOR THE ELECTION OF DISTRICT COMMANDERS**

*The completed document is to be received by the District Commander **prior** to the Rally*

DISTRICT NO. _____

BRANCH NAME AND NO. _____

BRANCH ADDRESS _____

FOR ELECTION OF _____

VOTING DELEGATES:

ONLY TWO VOTING DELEGATES PER BRANCH (Reference: Alberta-NWT Command By-Laws)

NAME: _____

MEMBERSHIP CARD NUMBER _____

NAME: _____

MEMBERSHIP CARD NUMBER _____

If for some unforeseen reason, one or both of the above-named Delegates cannot attend the election, the quota of two can be drawn from the list of Alternate Delegates listed below.

Please name three **Alternate Delegates:**

1. NAME _____ MEMBERSHIP # _____

2. NAME _____ MEMBERSHIP # _____

3. NAME _____ MEMBERSHIP # _____

SIGNATURE OF BRANCH PRESIDENT

SIGNATURE OF BRANCH SECRETARY

**REQUEST FOR VISIT
BY AN ALBERTA-NWT COMMAND OFFICER
OF THE ROYAL CANADIAN LEGION**

In order to avoid duplication of visits and travel expenses, this form must be used when requesting a Command Representative to attend any Branch event or function.

Branch Name _____ No. _____ District # _____
(please print)

Today's Date _____

1. District Commander & Guest (name)

2. Alternative & Guest (name)

3. Event/Function

4. Location

5. Date

6. Time officer should arrive

7. Whom to contact on arrival

8. Other Guests in Attendance

9. Please Attach Agenda

Branch President's Name & Daytime Phone Number

Branch Secretary's Name & Daytime Phone Number

This form is to be forwarded a minimum of thirty (30) days prior to the event/function to Judy Mindach, Executive Assistant of the Alberta-NWT Command Office via fax 403-284-9899 or email to jmindach@abnwtleion.com

APPROVED BY COMMAND PRESIDENT

Command Budget _____ District Budget _____

WRITING A RESOLUTION

A Resolution must not be negative because the principle of discussion is that an affirmative proposition is being put to the meeting.

A Resolution must express an option and the basic idea is that it be in plain simple form and easily understood.

Amendment to a Resolution must be relevant and must not contradict.

* **WHEREAS** means “because”.

Each paragraph should close with a comma (,) or semi colon (;) followed by the word “and”.

** **THEREFORE BE IT RESOLVED**

Each paragraph should close with a comma (,) or semi colon (;) followed by the word “and”.

Ensure you state how you feel the resolution should be dealt with. You must know and clearly indicate the action you want taken.

RESOLUTION FORM FOR SUBMISSION TO PROVINCIAL CONVENTION

_____ (YEAR)

COMMAND	BRANCH NAME AND NO.
ALBERTA-NWT - 02	

SUBJECT:

WHEREAS

WHEREAS

WHEREAS

THEREFORE BE IT RESOLVED, That