

# Application For Special Use Of Poppy Trust Funds



(Please print)

Command: \_\_\_\_\_ Branch Name: \_\_\_\_\_ Branch #: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Branch Telephone #: \_\_\_\_\_ Branch Fax #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone # / 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)**

Medical Training  Medical Research

**Poppy Manual Subsection 403.ii.c: Medical Appliance**

**Poppy Manual Subsection 403.ii.d: Veteran Services Drop-In Centre for Veterans**

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

**Poppy Manual Subsection 403.ii.f: Monuments**

**Poppy Manual Subsection 403.ii.g: Support of Cadet Units**

**Poppy Manual Subsection 403.ii.h: Annual Veterans Visit**

**Poppy Manual Subsection 403.ii.i: Transportation**

**Poppy Manual Subsection 403.ii.j: Accessibility Modifications**

**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**

**Poppy Manual Subsection 403.ii.n: Support to Resource Centres (Choose one of the following)**

Military Family Resource Centre  Other—Supporting Veterans

**Poppy Manual Subsection 403.ii.o: Support to a Visiting Hospice Program**

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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.