



**ROYAL CANADIAN LEGION
ONTARIO COMMAND**

Application for Special Use of Poppy Funds per Sections 1104 –1116

PART A *(please type or print)*

Branch Name: _____ Branch No: _____ Date: _____

Complete Address of Branch: _____

Branch Telephone No. _____ Branch Fax No: _____

Contact Name: _____ Contact Home Phone: _____

PART B

Application for use of funds under the following: **(Check (✓) only one of the following (*) sections) and Complete Part C and attach any quotes or invoices required.**

* **1104** Storage Costs **(A maximum of 3 months allowed at \$7.00 per sq foot –total maximum \$350 per year)**
(Please include the square footage of storage area)

* **1105** Housing Accommodation or Care Facilities *(Choose all which apply)*
 Purchase Construction Reconstruction Maintenance
 Renewal Repair Furnishing Refurnishing

* **1106(a)** *(Choose one of the following)*
 Community Medical Appliance Medical Training Medical Research

* **1106(b)** *(Choose one of the following)*
 Drop in Centres for the Elderly Meals on Wheels

* **1106(c)** Relief of Disasters declared by the Federal or Provincial Government

* **1106(d)** Transportation/Related Services

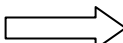
* **1107** Ex-service Personnel of Commonwealth or Allied Countries & their Dependants (Out of Country) i.e. RCEL

* **1108** Constructing, Maintaining or preserving of local Monuments and Cenotaph

* **1109** Support of Cadet Units *(if branch sponsors more than one unit, the total 20% would be divided)*

* **1110** Annual Veterans Dinner *(please include the number of veterans only who are attending and date and the cost of dinner. Cost should be the lesser of the actual cost of the dinner or maximum of \$18.00 per plate)*

* **1112** The purchase of a coin sorting/counting/wrapping machine – 10% of cost **(attach invoice)**

Please complete other side 

* **1113** The installation of an access ramp to the branch entrance and by installing or retrofitting the branch's main entrance with a handicap door operator **OR** the installation, maintenance and repair to the personal lifting devices **OR** the installation of washroom door, toilet, sink for handicap accessibility (*attach quotes or invoices*)

* **1114** Support of Canadian Military Family Resource Centres (MFRC's please indicate which office)

PART C - To speed the process of Command approval, please supply the following information:

Name(s) of Intended Recipient(s): _____

Description of how funds will be used or item being donated: _____

Poppy Account Balance as of September 30, last \$ _____

Current Poppy Account Balance: \$ _____

Amount Requested: \$ _____ Projected Cost \$ _____

Date of General Meeting at which this expenditure has been approved: _____

Motion Moved by: _____ Seconded by: _____

Signed _____ Signed: _____
Poppy Chairman /Joint Fund Treasurer Branch President /Joint Fund Administrator

COMMAND APPROVAL GIVEN: Yes By: _____ Date: _____

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

Other reasons for non-approval of this request:

If you have questions or comments, please call Ontario Command at 905-841-7999 or fax 905-841-9992.