SUPPORT OUR TROOPS

4210 Labelle Street Ottawa ON K1A 0K2

Website: supportourtroops.ca / Email: supportourtroops@cfmws.com

EMERGENCY GRANT PROGRAM

SCHEDULE B: APPLICANT INFORMATION

Last Name	First Name
Service Number	Rank

Emergency Grant ($2 000 maximum per lifetime)		
Fuel Card(s)	Grocery Card(s)	Total Value
Card Type: Value: $	Card Type: Value: $	$
Electronic Funds Transfer (EFT) Amount: $	Corporate Credit Card Amount: $	
State Reason(s) for Assistance (in point form):		

APPROVING AUTHORITY

Approving Authority Name (please print)	Base/Wing Location
Approving Authority Signature Date	Telephone Number

ACKNOWLEDGEMENT OF RECEIPT OF GRANT

This is to certify that I, _____ have received the above grant from Support Our Troops.

I acknowledge that I have been briefed on the following: *please initial each one*

	Support Our Troops Fund is funded solely by donations from the general public;
	Any unused portion of the grant/loan must be returned to the Support Our Troops Fund;
	If used for incidentals, I will repay;
	I have been briefed on what I can and cannot use the funds for. Support Our Troops Fund does not cover incidentals, alcohol, cigarettes nor does it pay TD rates or mileage;
	I also acknowledge that I am responsible for providing receipts for the funds spent within one month of the last transaction made to the approving authority;
	In the event that receipts are not received by the approving authority, a portion or all of the funds may have to be repaid to the Support Our Troops Fund;
	I understand that repayment of this grant may be required if it is determined that a loan would have resolved the situation; and
	Mandatory financial counselling is required if the purpose of the grant is to address basic needs such as food, shelter (rent, utilities), clothing, etc.

SIGNATURE OF RECIPIENT

Member Signature Date	Spouse Signature Date

(Ce formulaire est disponible en français)

Protected "B" (when completed)