

Boomer's Legacy Fund Application

Completed forms are to be sent to Sandy Gauthier, Associate Director Support Our Troops Operations, 4210 Labelle Street, Ottawa, ON, K1A 0K2, or by email at gauthier.sandy@cfmws.com.

| Part A – Contact Information | | |
|-------------------------------------|------------------|--------|
| Base/Wing: | Telephone: | |
| Contact Name and Rank/Title: | Cell: | |
| Mailing Address: | Fax: | |
| City: | Province: | Email: |
| Postal Code: | Alternate Email: | |

| Part B – Project Information | | |
|-------------------------------------|------------|--------------|
| Project Name: | Start Date | End Date |
| Location of Project: | | |
| City: | Province: | Postal Code: |
| Telephone: | Cell: | Fax: |
| | | |

Please describe the specific need(s) you have identified and wish to address through this project. Explain how your project fills a void in the current resources available and how your proposal relates to Boomer's Legacy's mandate.

How are CF members contributing to the success of this project?

Who will benefit from this project? Please provide a description of your intended beneficiaries, both qualitative (who) and quantitative (how many). Include direct and indirect impact.

What are the goals / expected outcomes of this initiative?

Part C – Timeline

Please provide an estimated timeline for your project, highlighting major steps / important dates.

Part D – Budget

Please provide an estimated overall budget for your program, by expense category.
**Please note that expense categories can be changed and/or added to fit your project.*

| Expense | Overall Cost |
|-----------------|---------------------|
| Operating Costs | |
| Travel | |
| Activities | |
| Accommodations | |
| Supplies | |
| Promotion | |
| Misc | |
| Total | |

List the other sources of funding for which you have applied, as well as their current status (secured, pending or rejected).

| Source | Amount Requested | Status |
|--------|------------------|--------|
| | | |
| | | |
| | | |
| | | |

Part E – Additional Information

Has this proposal been vetted through a local committee? Yes No

Please provide any additional information or explanation about your project that you would like to have considered.

For Internal Use

Unit Recommendation: Supported in the amount of \$_____ Not Supported_____

Unit Commanding Officer _____

Base/Wing Recommendation: Supported in the amount of \$_____ Not Supported_____

Base/Wing Commander _____