Boomer's Legacy Fund Application

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

Part A – Contact Information	n			
Base/Wing:		Telephor	ne:	
Contact Name and Rank/Title:		Cell:		
Mailing Address:		Fax		
City:	Province:	Email:		
Postal Code:		Alternate Email:		
Part B – Project Information	n			
Project Name:		Start Date		End Date
Location of Project:				
City:	Province:	_	Postal Cod	e:
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.				
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 p	oroject, highlighting major steps / important dates.
Part D – Budget	
Please provide an estimated overall budget for *Please note that expense categories can be of	your program, by expense category. 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 fun pending or rejected).	nding for which you have applied, as w	ell as their current status (secured,
Source	Amount Requested	Status
Part E – Additional Inform	ation	
	ed through a local committee? □ Yes	. □ No
	al information or explanation about yo	
have considered.	al illioithation of explanation about yo	ur project that you would like to
For Internal Use		
Jnit Recommendation: □ S	Supported in the amount of \$	□ Not Supported
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	Supported in the amount of \$	□ Not Supported
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