

# **SOLDIER ON FUND TERMS OF REFERENCE**

## **General**

1. The Soldier On Fund, herein called "the Fund" for the purpose of these Terms of Reference, exists within the Soldier On program. The aim of the Fund is to: assist ill and injured CF personnel and former personnel to attain and maintain a healthy and active lifestyle through physical fitness and sport.

## **DEFINITIONS**

2. *Soldier On Program.* In May 2007, during the first-ever CF Soldier On Summit, the Minister of National Defence Mr. Gordon O'Connor and the CDS, General Rick Hillier, officially announced the launch of the CF Soldier On program. It was also at this event where the transfer of responsibility to DGPFS occurred. This program is a Public Program essentially designed to enhance the quality of life on injured or ill Armed Forces personnel, through physical fitness and sport, to open doors to other life opportunities, to facilitate access to a network of peers and ultimately provide a better quality of life for the injured/ill CF personnel and their families. The program is also aimed at accentuating the potential and value of injured/ill CF personnel, rather than their disability.

3. *Soldier On Fund:* The Soldier On Fund is a Non Public Property (NPP) that supports the Soldier On Program. As such, it shall be guided by all rules governing NPP.

4. *Beneficiary:* Any serving or retired Canadian Forces personnel with a physical or psychological disability and who has received written medical clearance from a qualified medical authority to engage in fitness and/or sport activities and who is eligible to receive funds in accordance with these terms of reference. There are three categories of classification to define the skill level of eligible beneficiaries:

a) *Beginner:* The beneficiary has just started to learn a new fitness related activity or sport. Basic movements and skills are introduced;

b) *Intermediate:* The beneficiary is regularly participating in fitness related activity or sport. Basic movements and skills have been learned and honed. Advanced skills are introduced; and

c) *High Performance:* The beneficiary is training a minimum of three (3) days per week and has aspirations to compete at the national or international level in a given fitness related activity or sport competition. Advanced movements and skills have been learned and honed and a high performance-training program has been introduced under the guidance and monitoring of a qualified instructor/coach. In order to be considered a high performance level beneficiary,

a letter will be required from a qualified instructor/coach or national governing body recognized by Sport Canada verifying that the beneficiary is training a minimum of three (3) days per week under the guidance and monitoring of a qualified instructor/coach.

5. *Grants*: Financial assistance is available to beneficiaries in the form of grants to reimburse up to 100% of the total cost of eligible expenses. There are three categories of grants:

- a) *Equipment*: grants for the purchase of equipment relative to the skill level of the beneficiary. Such grant will be awarded to cover cost of adaptive equipment and/or assistive device for their personal use. This category is open to beginner, intermediate and high performance level beneficiaries;
- b) *Active for Life*: grants for training expenses, lesson fees, travel expenses for competitions/events, support personnel, or other reasonable expenses that directly contributes to enhancing or maintaining a healthy and active lifestyle. This category is open to beginner and intermediate level beneficiaries; and
- c) *High Performance Training*: grants to cover high performance training and/or competition expenses. This grant is only offered to high performance level beneficiaries.

## **PROCEDURE**

### *General*

6. Beneficiaries are eligible to receive grants up to a lifetime maximum of \$20,000.00 CAD, unless otherwise approved by the DGPFS.

7. Grants should not be made to offset expenses under the Soldier On Program or any other public responsibility.

### *Grant Application*

8. A Beneficiary seeking financial assistance must complete and sign the *Soldier On Fund Grant Application* attached hereto as Schedule "A" , the *Verification and Consent Form* attached hereto as Schedule "B" and the *Media Release Form* attached hereto as Schedule "C" . No request for financial assistance will be considered unless all forms are completed and the beneficiary agrees to their conditions.

9. Applications shall be sent directly to the Soldier On Fund Manager at NDHQ and will be accepted at anytime throughout the calendar year. Upon receipt of an application, applicants will be kept informed on the progress of their request.

## *Selection*

10. The Soldier On Fund Manager will review each application taking into consideration the following factors:

- a) recommendation of any expert advice (eg. Medical, sports advisor etc.);
- b) urgency of the need;
- c) availability of financial assistance from other sources;
- d) impact of not receiving the funds;
- e) purpose of the financial assistance;
- f) financial resources available; and
- g) likelihood of financial assistance directly contributing to promoting and maintaining a healthy and active lifestyle.

11. The Soldier On Fund Manager will submit the application to the appropriate approving authority.

12. The following constitutes a list, albeit not exhaustive of the type of financial assistance that can be provided:

- a) Personal support devices (e.g. sport prosthetics);
- b) Adaptive equipment (e.g. sport wheelchair, hockey sledge, rowing shell);
- c) Subsidization of eligible travel expenses in accordance with NPF Travel Directives including airfare, accommodations, meals (up to TB rate) and other reasonable expenses related to the participation in a fitness or sport activity that directly contributes to enhancing or maintaining a healthy and active lifestyle; and
- d) Subsidization of training expenses, lessons, support personnel, coaching fees or other reasonable expense that is part of a high performance training program approved and monitored by a qualified coach/instructor.
- e) Costs to cover one personnel support person per grant request unless otherwise recommended by a Medical Officer and approved by DGPFSS. The personnel support person provides direct assistance to the beneficiary who participates in a Soldier On event or activity (e.g. providing medical assistance, carrying equipment, personal aid, etc.)

13. Funds will not be awarded for food/sports supplements and or sports drinks.

14. Grant recipients are required to submit to the Soldier On Fund all paid invoice(s) or original receipts within 30 days of being awarded the Soldier On grant to demonstrate that it was spent on approved expenses. They may also be requested to provide images of the beneficiary in action and a testimonial regarding the benefit of receiving a Soldier On grant.

### **SOT EXECUTIVE COMMITTEE**

15. The Support Our Troops Executive Committee consists of a minimum of seven members appointed by the CDS. This committee meets at least once a year to review cases as well as the operation of all the Support Our Troop Funds (Military Families Fund, Soldier On Fund and Hospital Comforts Fund).

### **FUNDRAISING**

16. In general, Soldier On is one of several Non-Public funds including Hospital Comforts, Canadian Forces Personnel Assistance Fund, and Military Families Fund that may collectively benefit from private and corporate donations and sponsorship within the context of Support Our Troops. Corporate fundraising and sponsorship for all these funds is to be coordinated through or by the DGPFS Corporate Outreach Section.

### **FINANCIAL AUTHORITIES**

17. The following table of authorities describes financial limitations for the specific purpose of approving:

a) Grants to beneficiaries; and

<b>Approving Authority</b>	<b>Financial authority</b>
DGPFS	No restriction
Associate DGPFS	up to \$100,000.00
Senior Manager MFF/HC	up to \$5,000.00

b) Costs and expenses for administration to be charged to the Soldier On Fund.

<b>Approving Authority</b>	<b>Financial authority</b>
DGPFSS Associate DGPFSS	No restriction
Senior Manager MFF/HC	up to \$5,000

### **GENERAL PROVISIONS**

18. All personal information related to the Soldier On Fund may only be collected, used, retained or disclosed in accordance with the provisions of the *Access to Information Act* and the *Privacy Act*.

19. These Terms of Reference may be amended at any time by approval in writing of the DGPFSS.

Approved/Not Approved

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D.E. Martin, DGPFSS

**SCHEDULE "A"**

**PROTECTED "B" PERSONAL INFORMATION WHEN COMPLETED**

**Soldier On Fund Grant Application**

**SECTION A: APPLICANT INFORMATION**

**A1. Personal information of eligible beneficiary:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initials: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Service/Client No: \_\_\_\_\_ Rank: \_\_\_\_\_ Base: \_\_\_\_\_ Unit: \_\_\_\_\_  
Environment (select one): Army  Air Force  Navy   
Please select one: Still Serving  Retired

**A2. What is your disability (please select one)**

- Amputee
- Visual Impairment
- Mental Health Disability
- Others (Polio, MS, MD, etc)
- Spinal Cord Injury (e.g. paraplegic)
- Hearing Impairment
- Cerebral Palsy
- Other (please describe)

**A3. What skill level best describes you (please select one)**

- Beginner
- Intermediate
- High Performance

**A4. Type of application (select all that apply)**

- Equipment and/or Assistive Device
- Active for Life
- High Performance Training

**A5. Are you a previous Soldier On Fund Grant recipient? If yes, please indicate:**

Year you received your last Soldier On Fund grant \_\_\_\_\_  
The amount of your last Soldier On Fund grant \$ \_\_\_\_\_

**SECTION B: ABOUT YOUR REQUEST**

- B1. Explain why your request is important? Clearly state how a Soldier On Fund grant will help you achieve your desired goal.**
- B2. List the outcomes you will achieve as result of being awarded a Soldier On Fund grant.**
- B3. What would be the impact if your application were not approved?**

**SECTION C: FUNDING REQUEST**

**Total amount requested to Soldier On Fund (Canadian currency): \$**

**EQUIPMENT**

If you receive a Soldier On Fund grant, you are required to submit a paid invoice or original receipt to prove you spent the grant on approved equipment.

**What is your Sport/Fitness Activity (e.g. alpine skiing):**

<b>Equipment</b>	<b>Total Cost of Equipment (CDN Currency)</b>	<b>Total Request to Soldier On Fund (CDN Currency)</b>
<b>Example: Hockey Sledge &amp; Sticks</b>		

**ACTIVE FOR LIFE**

If you receive a Soldier On Fund grant, you are required to submit original receipts to prove you spent the grant on approved expenses.

**What is your Sport/Fitness Activity (e.g. alpine skiing):**

		<b>Total Request to Soldier On Fund (CAD)</b>	<b>Comments</b>
<b>Lesson Fee</b>			
<b>Airfare</b>			
<b>Mileage</b>			
<b>Accommodation</b>			
<b>Meals</b>			
<b>Other (please specify):</b>			
<b>Total</b>			

**HIGH PERFORMANCE TRAINING**

If you receive a Soldier On Fund grant in this category, you are required to submit original receipts and a copy of your high performance training program to prove you spent the grant on approved expenses.

**What is your Sport/Fitness Activity (e.g. alpine skiing):**

		<b>Total Request to Soldier On Fund (CAD)</b>	<b>Comments</b>
<b>Lesson Fee</b>			
<b>Airfare</b>			
<b>Mileage</b>			
<b>Accommodation</b>			
<b>Meals</b>			
<b>Other (please specify):</b>			
<b>Total</b>			

**Competition/Event Information (if applicable)**

Name of Event/Competition:  
 Location of Event/Competition:  
 Date of Event/Competition:

**What level of competition best describes the event you are training for (please select one)**

- |  |   |
|--|---|
| <input type="checkbox"/> Qualifying competition    | <input type="checkbox"/> National competition |
| <input type="checkbox"/> International competition | <input type="checkbox"/> World Championship   |
| <input type="checkbox"/> Paralympic/Olympic Games  | <input type="checkbox"/> Other (specify):     |

**DECLARATION**

Anyone who knowingly makes a false or misleading statement in an application is guilty of an offense. I declare that the information provided here is, to the best of my knowledge, true and complete and knowing that it is of the same force and effect as if made under oath. I declare that if I am awarded a Soldier On Fund grant, I will submit to the CFPSA high-resolution images of the beneficiary in action and a testimonial regarding the benefit of receiving a Soldier On Fund grant. I will also submit a paid invoice or original receipts within 30 days of being awarded the Soldier Grant to prove the grant was spent on approved expenses.

Name/Signature of authorized signatory:

Date:

For Internal Use Only: Recommended by Soldier On Fund Manager: Yes                      No Approved: Yes                      No Approval Signature:
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**PROTECTED "B" PERSONAL INFORMATION WHEN COMPLETED**

**VERIFICATION AND CONSENT FORM**

I \_\_\_\_\_ of \_\_\_\_\_ (City/Town) in the Province of \_\_\_\_\_ HEREBY VERIFY that all of the information I have provided with respect to my request for financial assistance from the Soldier On Fund, is true.

This also confirms that I am aware that the information being collected from me will be used and disclosed for the purposes of assessing my request and for all other purposes associated with the administration of Soldier On Fund and that no other use or disclosure of this information will occur without my consent, other than pursuant to the provisions of the *Access to Information Act* and the *Privacy Act*.

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BENEFICIARY

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200 \_\_\_\_.

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**SCHEDULE "C"**

**PROTECTED "B" PERSONAL INFORMATION WHEN COMPLETED**

**MEDIA RELEASE FORM**

I understand that the Soldier On Fund receives requests from the news media for stories of members or interviews with members that the Soldier On Fund has assisted. I am willing to consider having my story used or participating in an interview provided that; I am contacted in advance by a representative of the Soldier On Fund and agree to releasing my story or participating in an interview.

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BENEFICIARY

DATED AT \_\_\_\_\_ THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200 \_\_\_\_.

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