

# **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 Soldier On Summit, the Minister of National Defence Mr. Gordon O'Connor and the CDS, General Rick Hillier, officially announced the launch of the Soldier On program. It was also at this event where the transfer of responsibility to DGPFFSS occurred. This program is a Public Program essentially designed to enhance the quality of life on injured or ill Canadian 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 permanent 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 Senior Soldier On Manager may approve requests up to \$5K. Requests in excess of this amount will be submitted to the appropriate approving authority.

11. The approving authority will review the merit of each application in consideration of 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.

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 (economy), accommodations (full access and single rooms), meals with receipts (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 will be required to submit to the Soldier On Fund all paid invoice(s) or original receipts within one calendar year 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.

### **GRANT REVIEW COMMITTEE**

15. The Grant Review Committee (GRC) is chaired by Chief Personnel Support Programs and includes the following members: DFit, Senior Soldier On Manager, one representative from the Canadian Paralympic Committee and an additional member to be appointed by DGPFSS. The GRC will meet at least once a year to review cases and the operation of the Soldier On 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 DGPFSS Corporate Sponsorship and Donation 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>
DGPFSS	No restriction
CPSP	up to \$20,000.00
DFit	up to \$10,000.00
Senior Soldier On Manager	up to \$5,000.00

b) Costs and expenses for the administration of the Soldier On Fund.

<b>Approving Authority</b>	<b>Financial authority</b>
DGPFSS	No restriction
CPSP DFit Senior Soldier On Manager	up to \$5,000

18. Specific roles and responsibilities of the Senior Soldier On Manager, Soldier On Fund Manager and Grant Review Committee are annexed to these TORs.

## **GENERAL PROVISIONS**

19. 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*.

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

## **ANNEXE A ROLES AND RESPONSIBILITIES**

### **Senior Soldier On Manager**

The Senior Soldier On Manager reports to the Director of Fitness and is responsible:

- a) For the day to day operation of the Soldier On Program, including administering the Soldier On Fund in accordance with applicable rules and regulations; and
- b) To review and approve financial requests in accordance with the schedule of authorities;

### **Soldier On Fund Manager**

The Soldier On Fund Manager reports to the Senior Soldier On Manager and is responsible to :

- a) Review and approve financial requests in accordance with the schedule of authorities
- b) Report to the Soldier On Manager any recommendations for funding new programs and services that would be a significant benefit to eligible beneficiaries, identifying the nature of the program or service, the range of potential service providers and the recommended level of funding;
- c) Subject to applicable law, including the provisions of the *Privacy Act*, take such means as are necessary, including such consultations with third parties as are consented to by any individual seeking assistance, to identify Beneficiaries of financial assistance from the Soldier On Fund;
- d) Ensure that all information related to requests for financial assistance from the Soldier On Fund is classified and treated as Confidential Protected "B" Information;
- e) Obtain from the Beneficiary a signed Soldier On Fund *Grant Program Application and Verification and Consent Form* (Schedule "A" and "B" respectively, including a second signature on the same form specifying whether or not the Beneficiary consents to public disclosure by the CDS, the DGPFSS, the Base/Wing Commander, the CF or DND of the Beneficiary's name, the amount or nature of the payment and the general purposes for which payment has been made.

## **The Grant Review Committee**

The Grant Review Committee has the powers and functions as established by the Soldier On Fund Terms of Reference.

The duties and responsibilities of the Grant Review Committee include:

- a. approving the payment of all costs and expenses properly incurred for the administration of the Soldier On Fund;
- b. approving official fundraising activities and events in concept and approving the payment of costs and expenses properly incurred for those purposes. All corporate fundraising must be conducted through the Corporate Sponsorship and Donation section;
- c. identifying new short-term programs and services that would be a significant benefit to eligible beneficiaries;
- d. reviewing and recommending to the CDS for approval the annual audited financial statements of the Soldier On Fund; and
- e. such other duties and matters as may be assigned to it from time to time by the DGPFSS.

The Grant Review Committee has the authority to strike such sub-committees as it deems appropriate.

## **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  Spinal Cord Injury (e.g. paraplegic)  
 Visual Impairment  Hearing Impairment  
 Mental Health Disability  Cerebral Palsy  
 Others (Polio, MS, MD, etc)  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>	<b>\$3500.00</b>	<b>\$1500.00</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)**

- Qualifying competition
- International competition
- Paralympic/Olympic Games
- National competition
- World Championship
- 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 one calendar year of being awarded the Soldier Grant to prove the grant was spent on approved expenses.

Name/Signature of authorized signatory:

Date Submitted:

**SCHEDULE "B"**

**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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