



Forward Applications to:

St. John Council for Ontario
The Billes Fund
c/o Gail Opaleyчук
46 Wellesley St. E.
Toronto, ON M4Y 1G5

Helpful Information:

- Only expenditures contracted for and paid for in the current year will be allowed.
- Notification letters will be issued by the end of June.
Supporting receipts must be received by 15 December 2003.
- If more than one item is requested by an applicant, they should be prioritized.
- AED will be funded to 50% after proof of purchase through Billes submissions.

Ontario 2003



about St. John Ambulance in Ontario

The J.W. Billes Fund (2003) Application

Providing support to Branches and Community Service Units

Who Can Apply:

- Branches
- Community Service Units
- Districts

Total Submissions for Branch, including it's supported CSU, or Group = \$5,000⁰⁰

What is Not Eligible:

- Vehicle purchase (refer to Stone Fund grants)
- Ongoing program funding
- Travel costs
- DVD's
- Therapy Dog Scarves
- Dress Uniforms
- Office Furniture/Equipment
- Stationery Supplies
- Trips/Camps

When To Apply:

- Applications must be received by District Chair by 28 February 2003 and at Council Office by 15 March 2003
- Late applications will not be considered

NEW

see back for additional info...



Application for Submission by March 1, 2003

Billes Fund (2003)

Date: _____ Total Amount Requested: _____

Branch / Community Service Unit Name & Address:

_____	Tel. #: _____
_____	Fax #: _____
_____	E-Mail: _____

Contact Name / Telephone: _____

Description of proposed Project: (please attach a separate sheet if required).

Supporting documentation may be attached.

Authorizing Signatures:

Applicant _____ District Chairman _____

Branch Chair _____ District Commissioner _____

Please Note: Community Service Units associated with a Branch must have an authorized Branch Signature. If no Branch Signature, a note must accompany application explaining why.

If Vehicle Maintenance or Repairs were identified above, please complete the following information

Make _____ Model _____

Year _____ Serial # _____

St. J. Vehicle # _____ Odometer Reading (km/miles) _____

Estimated Annual KM / Miles _____ (As at: _____ date)

Note: a copy of the mechanics Vehicle Certification report must accompany request for maintenance / repair funding.