



A division of CF Morale & Welfare Services
 Une division des Services de bien-être et moral des FC

APPLICATION FOR REIMBURSEMENT OF OUTCAN FITNESS EQUIPMENT 2018-2019

SECTION A - CAF APPLICANT'S INFORMATION

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Last Name:	First Name:	Rank:
DOB:YYYYMMDD	Service Number:	Support Unit CO:
Home Address:	City/Country:	Postal Code:
Email Address: <input style="width: 90%;" type="text"/>	Supporting Unit: <input style="width: 90%;" type="text"/>	
Threat Level: <input style="width: 90%;" type="text"/>	Telephone Number <input style="width: 90%;" type="text"/>	
FIN Contact Name: <input style="width: 90%;" type="text"/>	FIN Contact Email Address <input style="width: 90%;" type="text"/>	
Average temperature: Summer: <input style="width: 50%;" type="text"/> Winter: <input style="width: 50%;" type="text"/>	Hardship Level: http://www.njc-cnm.gc.ca/directive/index.php?sid=565&lang=eng	
I am aware/using the Body Weight Training System Program (BTS) Yes <input type="checkbox"/> No <input type="checkbox"/>	I am enrolled in DFit.ca and using the exercise prescription Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type and cost of equipment requested. Attach separate sheet if necessary.	Estimated Costs (CAD)	Inventory of existing fitness facility equipment (ie 2 x Precor treadmills, 2 x 25 lb db, etc...) attach separate sheet if required.
<input style="width: 90%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
<input style="width: 90%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
<input style="width: 90%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
<input style="width: 90%;" type="text"/>	\$ <input style="width: 50%;" type="text"/>	
Please check all boxes that apply to you:		
<input type="checkbox"/> I have a military or government fitness facility at my disposal. <input type="checkbox"/> I do not have a military or government fitness facility at my disposal. <input type="checkbox"/> I would like funding for fitness equipment for home use. <input type="checkbox"/> I would like funding for fitness equipment for the government fitness facility. <input type="checkbox"/> I would like funding for sports equipment for the government facility. <input type="checkbox"/> I would like funding to repair fitness/sports equipment for the government fitness facility <input type="checkbox"/> I have been denied funding for a gym membership by my supporting unit.		
Please indicate how many CAF personnel are at your location:		
I have access to a FORCE Evaluation Kit (sand bags, strap, carabineers) and a location (basement, public park) to train using the kit. <input type="checkbox"/> Yes <input type="checkbox"/> No		
If no, please explain why.		

SECTION A - CAF APPLICANT'S INFORMATION (Con't)

Please confirm that climate, personal security or customs are such that outdoor training is unreasonable (Details Required)

Other extenuating circumstances why fitness cannot be maintained without access to fitness equipment:

Submit your application form and facility information to Physical Fitness Programs Coordinator OUTCAN via email to todd.cirka@forces.gc.ca

NOTE: You may choose to purchase your fitness equipment in advance of applying or receiving approval for reimbursement; however, if your application is not approved, you will not be eligible to seek reimbursement for your expenditure. If approved for reimbursement you will be notified by the Physical Fitness Programs Coordinator OUTCAN via email.

SECTION B - PHYSICAL FITNESS PROGRAMS COORDINATOR OUTCAN

- Gym fitness equipment request is recommended for approval for the amount of \$ _____
- Sports equipment request is recommended for approval for the amount of \$ _____
- Fitness/sports equipment repair request is recommended for approval for the amount of \$ _____
- Authorized for TRX loan
- Authorized for fitness equipment purchase in lieu of gym membership (equipment will be loaned to the member for the duration of their posting and may be transferred to the member's replacement on a new loan card) for the amount of \$ _____
- Denied for the following reason(s): _____

Physical Fitness Programs Coordinator OUTCAN:

_____ Signature _____ Date

SECTION C - FITNESS & WELLNESS MANAGER APPROVAL

Expenditure for fitness equipment is approved under GL# _____

Fitness equipment expense \$ _____ FY: _____ ME # _____

Fitness & Wellness Manager:

_____ Signature _____ Date

SECTION D - NPF ACCOUNTING

Interdepartmental or DRIMS (DND FIN System):

Date Posted: