



NOT-FOR-PROFIT APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

Please check appropriate box:

Not-for-Profit Organization
 Churches
 Charity
 Service Club
 Not-for-Profit Business Cooperative

ORGANIZATION INFORMATION

Language of Choice: English French

Registered Name of Organization:	Phone Number:	Email Address:	Office Use Only File #
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MAILING ADDRESS

Street Address:	City/Town:	Province:	Postal Code:
If building not owned by Charitable/Volunteer Organization, please provide the registered name of building owner and/or landlord(s):			Owner Phone Number:

DAMAGED PROPERTY ADDRESS same as mailing address
If different from mailing address

Street Address:	City/Town:	Province:	Postal Code:
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CONTACT INFORMATION

Name of Contact and Title:	Phone Number:	Email Address:
Street Address:	City/Town:	Postal Code:

PROPERTY DAMAGE INFORMATION

Date of Damage/Loss:	Approximate Depth of Water (if applicable): _____ feet _____ inches _____ meters _____ centimeters	<input type="checkbox"/> Basement <input type="checkbox"/> First Floor <input type="checkbox"/> Other	Type of Basement: <input type="checkbox"/> Full <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Walk Out
Damage to Existing Seawall or Riverbank Stabilization Wall: <input type="checkbox"/> Yes <input type="checkbox"/> No		Damage to Driveway/parking lot: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Building Constructed:
If there was a prolonged (over 72 hours) power outage provide generator information: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Borrow If rented or borrowed from whom? _____			
Must include picture(s) of generator to clearly show brand name, wattage and serial number			
Cause of Damage (flood, ice storm, heavy rains, etc.):	Do you have debris clean up, including trees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, supply pictures, fill out Appendix D and have your insurance representative fill out Appendix A.		
Brief Description of Damage/Loss :			

MITIGATION

You may be eligible for mitigation funding. Would you like to apply if applicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Description of Inventory/Equipment lost or damaged as a result of the disaster: (See Appendix C)

CLEANUP AND DISINFECT

On Appendix D of this application, please track, on a daily basis, the number of hours, you, and your organization spent on clean up. Please have this available for the assessor during the site visit. For further information about clean up and disinfection, please refer to the "Flood Recovery for Home or Business" booklet or visit https://www2.gnb.ca/content/dam/gnb/Departments/pa-ap/pdf/Report_Damages/FloodRecovery-e.pdf

DOCUMENTATION REQUIREMENTS

Refer to Appendix E of this Application which provides information on the documentation requirements. Failure to provide required documentation will delay your claim being processed.

CONSENT TO RELEASE INFORMATION AND DECLARATION

I/We authorize the New Brunswick Emergency Measures Organization (NB EMO) to disclose all personal information that I/We provide to NB EMO and that NB EMO collects about me/us to other relief organizations, humanitarian agencies and governments that are offering any assistance whatsoever as a result of this disaster. I/We give NB EMO my/our permission to use my/our personal information to fully evaluate my/our post-disaster circumstances, to determine my/our eligibility for disaster financial assistance, and to ensure all sources of assistance to me/us are considered.

That I/We are the owner(s) (tenant(s)) of the land and premises and chattels located on the first page of this application form. That I/We suffered damage to my/our lands and premises and chattels located at the above address by a reason of _____ which occurred within the Province of New Brunswick commencing _____.

I/We undertake that monies paid to me/us shall be used in restoring my/our lands and premises and chattels located at the damaged address on the first page of this application form. You may be asked to demonstrate that the monies were used to repair the property before the next claim is paid. If the repairs have not been completed then no funds will be issued.

I/We undertake to indemnify and save harmless the Province of New Brunswick from all claims and demands of any other person for payment of assistance made hereunder as a result of misrepresentations on my/our part.

I/We do solemnly declare that the foregoing representative statements are the best to my/our knowledge, information and belief, true in every particular detail, and I/We make this solemn declaration conscientiously, believing it to be true and knowing that is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

I/We understand that this confidential information will be used only for the purpose for which it has been collected. It may only be conveyed to other government departments and agencies for the purpose of disaster financial assistance.

NOTE:

The Province of New Brunswick is not responsible for liens, mortgagees, or other creditors of the claimants and all payments made hereunder are made on the understanding that the claimant is the person legally entitled to assistance.

Suspicious claims will be referred to, and may be investigated by, the Department of Justice and Public Safety in order to ensure the protection of public funds. All necessary and appropriate action will be taken to initiate investigations, recover inappropriately obtained funds and pursue court action if required.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

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**CONFIRMATION OF INSURANCE
AVAILABILITY
DISASTER FINANCIAL ASSISTANCE (DFA)**

Appendix A

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Disaster Finance Assistance Program.

Please return to NB EMO, Recovery Services at 65 Brunswick Street, 2nd Floor, Fredericton, NB, E3B 1G5, fax to 506-453-5837 or scan to email at emo.recovery@gnb.ca.

Name of Applicant: _____

Name of Co-Applicant: _____

Civic Address: _____

Address of location
where damage occurred: _____

Type of Policy Carried: Homeowners Policy Tenants Policy Business

Policy Number: _____ Name of Insurer: _____

Policy Expiry Date: _____ Name of Brokerage (If applicable): _____

Name of Insurance Representative: (If applicable): _____

Contact no.: _____

With reference to the policy in force during the time frame of the emergency event, did the following coverage apply?

- | | | |
|---|--|----------------------|
| 1. Sewer back up coverage | <input type="checkbox"/> Yes Coverage limit available
<input type="checkbox"/> Not purchased, maximum available to purchase
<input type="checkbox"/> Not available for purchase by applicant | \$ _____
\$ _____ |
| 2. Any form of overland water coverage | <input type="checkbox"/> Yes Coverage limit available
<input type="checkbox"/> Not purchased, maximum available to purchase
<input type="checkbox"/> Not available for purchase by applicant | \$ _____
\$ _____ |
| 3. Wind Coverage | <input type="checkbox"/> Yes Coverage limit available
<input type="checkbox"/> Not purchased, maximum available to purchase
<input type="checkbox"/> Not available for purchase by applicant | \$ _____
\$ _____ |
| 4. Coverage for food spoilage, freezer or refrigerator damage | <input type="checkbox"/> Yes Coverage limit available
<input type="checkbox"/> Not purchased, maximum available to purchase
<input type="checkbox"/> Not available for purchase by applicant | \$ _____
\$ _____ |

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**CONFIRMATION OF INSURANCE
 AVAILABILITY
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Appendix A

5. If the answer is "Yes" to any of the above questions, then it is **MANDATORY** that the loss be reported to the insurance company. Has the claim been reported to the insurance company? Yes No

6. Was a claim paid? Yes No Amount Paid: \$ _____
 (If yes, you must provide a breakdown of what items were covered by your insurer)

7. Comments:

Note: If you reported the damage to your insurance company or broker and were advised by the "assigned adjuster" that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please have the authorized representative use the comments section above to explain why the claim was denied.

 Signature of an authorized representative of the insurer

 Date

THE APPLICANT ACKNOWLEDGES THAT THE GOVERNMENT MAY VERIFY THE INFORMATION SET OUT IN THIS APPLICATION WITH THE APPLICANTS INSURER.

 Signature of Applicant

 Date

Appendix B

(To be completed by Applicant's Lawyer)

Organization's Name:	_____
Organization's Address:	_____

Check the box that applies:

- | | |
|---|---|
| <input type="checkbox"/> Not-for-Profit Organization | <input type="checkbox"/> Charity |
| <input type="checkbox"/> Service Club | <input type="checkbox"/> Not-for-Profit Business Cooperative |
| <input type="checkbox"/> Church | |

With reference to any of the above four categories and the request for Disaster Financial Assistance confirmation of the following is required:

- The organization contributes significantly to the fabric and sustainability of the community, and a basic or essential service on the interest of the community as a whole is provided in the facility of the organization (please attached copy of mission statement) and
- Has unrestricted public access to the facility is allowed for all members of the community.

The Not-for-Profit Business Cooperative **must also** meet four of the five criteria:

- One vote per member;
- No proxy voting;
- Limited interest or dividends on share or loan capital;
- Operation of the enterprise as nearly as possible to cost; and
- Distribution of excess funds to members based on volume of business.

Signed this _____ day of _____, 20____.

Lawyer's Name: _____

Address of Lawyer: _____

Signature: _____

Send this form to the NB Emergency Measures Organization, Recovery Services

Fax: 506-453-5837 or Scan to email emo.recovery@gnb.ca or

Postage Mail to **NB EMO, Recovery Services**
65 Brunswick Street, 2nd Floor
Fredericton, New Brunswick
E3B 1G5

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**Required Documentation – Not-for-Profit Organizations, Churches,
Charities, Service Clubs and Not-for-Profit Business Cooperatives**

The definition for a Public Not-for-profit Organizations, Churches, Charities or Service Clubs as per the Disaster Financial Guidelines is outlined in C5.1 and Not-for-profit Business Cooperative is outlined in C6.1. You must meet the criteria below before you submit an application;

C5.1. Repairs, restoration, rebuilding and/or replacement of damaged equipment and facilities owned by a public organization such as a church, charity, community service club or volunteer agency are eligible if:

- a) The organization contributes significantly to the fabric and sustainability of the community and a basic or essential service in the interest of the community as a whole is provided in the facility of the organization;*
- b) In the case of church property, it must be shown that the property constitutes a facility essential to the secular needs of the community; and*
- c) Public access to the facility is allowed for all members of the community. Limitations on assistance based on the proportion of public access may apply.*

C6.1. Repairs, restoration, rebuilding and/or replacement of damage equipment and facilities owned by a not-for-profit business cooperative are eligible if:

- a) The business cooperative contributes significantly to the fabric and sustainability of the community, and a basic or essential service is provided in the facility of the cooperative;*
- b) the cooperative is not-for-profit; and*
- c) the cooperative is generally in accord with the definition of the Federal Cooperative Credit Association Act by meeting four of five criteria:*
 - i) one vote per member;*
 - ii) no proxy voting;*
 - iii) limited interest or dividends on share or loan capital;*
 - iv) operation of the enterprise as nearly as possible to cost; and*
 - v) distribution of excess funds to members based on volume of business.*

With the exception of invoices which can be provided to the assessor during the site visit, you are required to submit copies of the following documentation with your application. If you are concerned you may be unable to obtain any or all of the documentation prior to the application deadline, please call Recovery Services at 1-888-553-8558.

- Application form with original signature (cannot be faxed or emailed)
- Proof of ownership (copy of property tax bill)
- A copy of rental agreement or lease, if applicable.
- A list of the Directors, including their contact and address information
- Confirmation of Insurance form Appendix A and written confirmation from your insurance representative that your claim was denied and the reason why or that you could not have purchased insurance coverage for the loss to the organization.
- Appendix B – Lawyer Form
- Appendix C – Inventory/Equipment Lost or Damaged
- The most recent filed financial statements and Income Tax documents including all applicable schedules and final assessment from Revenue Canada.
- Appendix D – Clean-up Log
- Proof of the organization's registration (must include registration date)
- A statement outlining the organization's structure and purpose, and any other documentation supporting how the organization meets the eligibility criteria for Disaster Financial Assistance.
- Human Resource records and/or T4's for all employees
- Mission statement
- Pictures – before and after
- If you have estimates/quotes and/or invoices/receipts for cleanup or repairs, please have them available during the site visit to help the assessor identify eligible costs.
- Picture of generator clearly showing generator, brand name, wattage and serial number. May require multiple pictures to show required information.

Completed applications can be mailed to:

NBEMO
Recovery Services
65 Brunswick Street, 2nd Floor
Fredericton, New Brunswick
E3B 1G5

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