



## SMALL BUSINESS APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

Please check appropriate box:

Commercial  Agriculture  Aquaculture/Fisheries  Other

Language of Choice  English  French

### BUSINESS ADDRESS

Registered Business Name:		Business Phone Number:	Office Use Only/File #
Street Address:	City/Town:	Province:	Postal Code:

### OWNER ADDRESS

Owner/Operator Name:		Cellular Phone Number:	Email Address:
Street Address:	City/Town:	Province:	Postal Code:

List all Owners of the Company/Business and extent of participation in the small business	day to day Manager?	Percentage of Ownership
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

### 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? _____ <b>Must include picture(s) of generator to clearly show brand name, wattage and serial number</b>			
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 E and have your insurance representative fill out Appendix A.		
Brief Description of Damage/Loss:			

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Description of Inventory/Equipment lost or damaged as a result of the disaster: (See Appendix D)

CLEANUP AND DISINFECT

On Appendix E of this application, please track, on a daily basis, the number of hours, you and your employees 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 F 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 INSERT TYPE OF EVENT HERE which occurred within the Province of New Brunswick commencing INSERT DATE OF EVENT HERE.

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 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, 2<sup>nd</sup> Floor, Fredericton, NB, E3B 1G5, fax to 506-453-5837 or scan to email at [emo.recovery@gnb.ca](mailto: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<br><input type="checkbox"/> Not purchased, maximum available to purchase<br><input type="checkbox"/> Not available for purchase by applicant | \$ _____<br>\$ _____ |
| 2. Any form of overland water coverage                        | <input type="checkbox"/> Yes Coverage limit available<br><input type="checkbox"/> Not purchased, maximum available to purchase<br><input type="checkbox"/> Not available for purchase by applicant | \$ _____<br>\$ _____ |
| 3. Wind Coverage  | <input type="checkbox"/> Yes Coverage limit available<br><input type="checkbox"/> Not purchased, maximum available to purchase<br><input type="checkbox"/> Not available for purchase by applicant | \$ _____<br>\$ _____ |
| 4. Coverage for food spoilage, freezer or refrigerator damage | <input type="checkbox"/> Yes Coverage limit available<br><input type="checkbox"/> Not purchased, maximum available to purchase<br><input type="checkbox"/> Not available for purchase by applicant | \$ _____<br>\$ _____ |

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

**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:

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**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 use comments section below 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

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**(To be completed by Applicant's Lawyer)**

<b>Business Owner's Name (s):</b>	_____
<b>Day to Day Manager:</b>	_____
<b>Business Name:</b>	_____
<b>Business Address:</b>	_____

With reference to the Applicant's request for Disaster Financial Assistance, confirmation is made of the following:

- applicant's business is an owner-operated enterprise,
- owner-operator is acting as a day-to-day manager, and
- said owner-operator owns at least 50% of the business.

The following information must be provided:

1. A certified share register, partnership agreement or lawyer certification confirming your percentage of ownership of the business.
2. Copy of property tax assessment/lease agreement for the 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](mailto:emo.recovery@gnb.ca) or

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

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**(To be completed by Applicant's Accountant)**

<b>Business Owner's Name (s):</b>	_____
<b>Business Name:</b>	_____
<b>Business Address:</b>	_____
	_____

With reference to the Applicant's request for Disaster Financial Assistance, confirmation is made of the following:

1. Gross revenue as reported for tax purposes by \_\_\_\_\_  
(Applicant's Business Name)  
of at least \$4,800 but not more than \$2 million for the tax period immediately preceding the year of the disaster, \_\_\_\_\_.  
(Year)
2. Receives a minimum of 20% of their gross income from this business.
- 3 That we have reviewed the total hours or days worked by all full time and part time staff of the claimant's business for the taxation year or T4 year immediately preceding the year of the disaster and can confirm that the total hours or days worked does not exceed the equivalent of hours or days that would have been worked by 20 full time employees. (Attach copies of the T4s)
4. Copies of recent filed financial statements, Income Tax documents including all applicable schedules and final assessment from Revenue Canada.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Name of Accountant: \_\_\_\_\_

Address of Accountant: \_\_\_\_\_

Signature and designation: \_\_\_\_\_

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**Appendix F**

**Required Documentation – SMALL BUSINESS (Including Agriculture and Aquaculture Owners)**

The definition for a Small Business as per the Disaster Financial Guidelines is outlined in C4.1. You must meet the criteria below before you submit an application;

*For purposes of the DFA Program; a small business is an enterprise with yearly gross revenues, as reported for income tax purposes, of between \$4,800 and \$2,000,000, and employing not more than the equivalent of 20 full-time employees. It also must be other than a "hobby business," and be an owner-operated enterprise, where the individual owner-operator is/are acting as a day-to-day manager, own at least 50 per cent of the business and receives a minimum of 20% of their gross income from the business. Self-employed fishers, trappers, loggers and other harvesters of natural resources are included. One application should be made per small 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, if applicable, 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)
- 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 your small business, farm, or Aquaculture.
- Appendix B – Lawyer Form
- Appendix C – Accountant Form
- Appendix D – Inventory/Equipment Lost or Damaged
- Appendix E – Clean-up Log
- The most recent filed financial statements and/or Income Tax documents including all applicable schedules showing % ownership, a business revenue and final assessment from Revenue Canada.
- Proof of ownership (copy of property tax bill)
- A copy of rental agreement or lease
- Human Resource records and/or T4's for all employees
- A certified share register, partnership agreement or lawyer certification confirming your percentage of ownership of the business.
- 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, 2<sup>nd</sup> Floor  
Fredericton, New Brunswick  
E3B 1G5

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