



PRIVATE SECTOR APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA)

APPLICANT INFORMATION FOR CHARITABLE OR VOLUNTEER ORGANIZATION

Please check appropriate box:

Charitable Organization Volunteer Organization

Organization Information

Registered Name of Charity/Volunteer Organization	Phone Number:	Email Address	Office Use Only Application #
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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:

Director/Chair Information

Name of Director/Chair:	Phone Number:	Email Address:	
Street Address:	City/Town:	Province:	Postal Code:

Additional Director/Chairs/Board Members

Name	Address	Phone	Email

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
Brief Description of Damage/Loss			Year Building Constructed:
<p>The following information must be provided or your claim will not be processed:</p> <ol style="list-style-type: none"> 1. Proof of the organization's registration (must include registration date) 2. 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 3. Written confirmation from the claims manager of your insurance company that you could not have purchased insurance to cover the loss to the charitable/volunteer organization. (Form C) 4. A copy of rental agreement or lease, if applicable 			

Note: Applications will not be accepted after the deadline. The application deadline is 90 days from the date DFA Program was authorized. Please check our website at <http://www.gnb.ca/recovery> or call toll free 1-888-553-8558 to verify the application deadline applicable to your weather event.

Description of Personal Items lost or damaged as a result of the disaster: (See Appendix A)

CLEANUP AND DISINFECT

On Appendix B of this application, please track, on a daily basis, the number of hours, you, your family and friends 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 http://www2.gnb.ca/content/dam/gnb/Departments/pa-ap/pdf/Report_Damages/FloodRecovery-e.pdf

OCCUPANCY INFORMATION

Do you have insurance coverage for damage/loss that incurred? Yes No
If yes, have the claims manager of your insurance company complete and send in **Confirmation of Insurance (see Appendix C)**

If you are applying as a small business, farm owner, aquaculture owner or charitable or volunteer organization, you must obtain written confirmation from the claims manager of your insurance company that you could not have purchased insurance to cover the loss to your property. **This document is required before an assessor can evaluate your file.**

DOCUMENTATION REQUIREMENTS

Refer to Appendix D of this Application which provides information on the documentation requirements for this application.

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 by reason of a _____ 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.

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.

I/We understand that should **I/We** receive payment from the program a notice will be placed on the Land Registry stating that this property has received DFA Funding. The notice will state that this property has received Disaster Financial Assistance for inland flooding or coastal flooding and the year that they receive the funding from the Government of New Brunswick, Department of Public Safety.

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.

Signature of Applicant

Date

Signature of Applicant

Date

Print Name

Print Name

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