

**Government Scheme to provide Emergency Humanitarian Support to Small Businesses 2015**

*(For small businesses adversely affected by flooding arising from “Storm Desmond” and “Storm Frank” covering the period from December 2015 – January 2016).*

**APPLICATION FORM**

**Relating to a ONCE–OFF ex-Gratia Contribution up to a maximum of €5,000 per property (an additional emergency contribution of up to a further €15,000 **may be** available following investigation**

*Please indicate if you have already submitted an application under this scheme. YES/NO (please circle your answer)*

*If you answered yes above, please confirm that following the first flooding you reinstated your premises YES/NO (please circle your answer)*

**Part 1 – Business Applicant’s Details:**

1. Business/Trading Name:

\_\_\_\_\_

2. Name of Applicant:

\_\_\_\_\_

3. Business Address:

\_\_\_\_\_

\_\_\_\_\_

4. Business Premises Address (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you the owner of the premises? **YES/NO** (Circle your answer)

6. If you have answered NO to the previous question please have the

following declaration signed by the premises owner:

I am the owner of the property listed at No.4 above.

I intend/do not intend to make a claim under this scheme. (Please circle your answer)

Name in Capital Letters \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

7. Business Phone Number: \_\_\_\_\_ 8. Mobile Phone Number: \_\_\_\_\_

9. What is the Nature of the business/trading: \_\_\_\_\_

10. Total Number of employees/directors/owners full time \_\_\_\_\_  
part time \_\_\_\_\_

11. Is your Business the sole occupier of the premises at 4. above ? YES/NO  
(Circle your answer)

12. Is the Business a Sole Trader? YES/NO (Circle your answer)

13. Is the Business a Limited Company? YES/NO (Circle your answer)

14. Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please submit a copy or original of a recent (within 6 months) utility bill e.g. phone, gas, electricity for the business address which was flooded.

16. Please provide your Local Authority Customer Account Number  
\_\_\_\_\_ This is the number assigned to your business by the  
Local Authority for rates purposes.

17. When did the flooding of your business premises occur? \_\_\_\_\_

\_\_\_\_\_

## **Part 2 – Insurance Details:**

**18. Is your business premises/contents currently insured against flooding risk? YES/NO (Circle your answer)**

**19. If No, please explain why your current policy does not have flood risk cover included?**

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**20. Please provide details of your current business insurance policy:**

**Insurance Company Name, Address and Policy No:**

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**21. Has your Business Premises been flooded previously YES/NO (circle your answer). If Yes please provide details:**

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**22. Have you and/or your business applied for or received any other form of financial assistance in respect of the flood damage to your premises/contents. YES/NO (Circle your answer)**

**If yes Please provide details:**

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### **Part 3 - Loss and/or Damage:**

23. What amount are you claiming under this scheme € \_\_\_\_\_ (See 25 below)
24. Briefly outline the details of the current damage and cost to your business premises and contents during the period 4<sup>th</sup> December 2015 to 17<sup>th</sup> December 2015:

Damage	Cost of repair or recovery
<b><u>Total Cost:</u></b>	

*Please provide more detail on extra sheet(s), if necessary.*

25. Indicate which option below (A or B or C) you are applying for under this Scheme:

A. A single once-off contribution toward the damage of up to a maximum of €5,000.

YES/NO (Circle your answer)

B. For damage that exceeds €5,000, a single initial contribution of €5,000 using this form to be followed by a more detailed assessment to determine eligibility for a possible further contribution up to a maximum of €15,000. YES/NO (Circle your answer)

*Please Note: This will require further detailed evidence to be provided by the applicant, an additional process involving an onsite assessment in relation to this will follow.*

C. For a second claim, following receipt of a first claim and subsequent reinstatement of the premises following initial flooding, a claim for € \_\_\_\_\_ is being made

*Please Note: This will require further detailed evidence to be provided by the applicant, an additional process involving an onsite assessment in relation to this will follow prior to any payment being made.*

26. **Please provide any other relevant information to your application:**

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***Please provide copies of any documentation or photographs you may consider relevant in support of your application as a currently trading small business in an area recently affected by flooding.***

## **Part 4 - Declaration:**

*(Must be signed by the applicant on behalf of the Business.)*

I declare, that the information given by me in this application is correct and complete and may be retained and used by the Irish Red Cross Society for the sole purpose of determining the eligibility under this Emergency Humanitarian Support to Small Businesses 2015 Scheme. The data provided may have to be verified with the relevant third parties referenced in the application. I understand and accept that these necessary enquiries are only allowable in terms of establishing and verifying the eligibility of my business under this scheme. I have read and agree with the data protection statement set out in relation to this scheme on the Irish Red Cross Website.

I have enclosed with this completed form a copy or an original of my current business utility bill (last 6 months) associated with the business address which was flooded.

I, therefore, authorise the Irish Red Cross Society and/or their Assessors to make all enquiries necessary but limited to establishing and/or verifying the eligibility status of my business for funding under this Emergency Humanitarian Support to Small Businesses 2015 Scheme.

I undertake to provide any further information sought in connection with my application.

I undertake to advise Irish Red Cross Society immediately of any changes in circumstances which may occur affecting my eligibility for funding under this Emergency Humanitarian Support Scheme 2015.

In the event that I or the business receive payments under this Emergency Humanitarian Support to Small Businesses 2015 Scheme and I or the business subsequently receive any other compensation from any other source, I agree to inform the Irish Red Cross and refund such amounts of emergency humanitarian support to the State, as may be determined refundable by the Irish Red Cross Society.

**I AM AWARE OF THE CONTENT OF THIS APPLICATION AND I KNOWINGLY MAKE THIS DECLARATION**

**SIGNATURE**

**OF**

**APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**CAPACITY:** \_\_\_\_\_ (Individual/Director/Other)

**NOTE: IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION.**

**INFORMATION MAY ONLY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**

## **Part 5 – Bank Transfer Payment via SEPA:**

Business Bank Account Name:

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Bank Name:

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Bank Address

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IBAN:

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BIC:

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I certify that this is the bank account into which the payment should be made.

Signed: \_\_\_\_\_

Return completed form to:

“Private and Confidential”,  
Irish Red Cross,  
16 Merrion Square,  
Dublin 2.

Or

Email: [emergencyflooding2015@redcross.ie](mailto:emergencyflooding2015@redcross.ie)

For further information call:01-6424600