

Disaster assistance area:

Hurricane Dorian: Entire Province

Date of disaster: September 7- 8, 2019 **Application deadline: March 31, 2020**

Food lost due to Hurricane Dorian is not covered by this disaster financial assistance program.

Do you qualify? Answer the following questions to see if you might be eligible for assistance.

Did the damage occur during the disaster event noted above?

- YES** . Continue to the next question.
- NO** Sorry, you are NOT eligible. Do not complete the application form.

Will your insurance company pay for your entire loss?

- YES**. Do NOT complete the application form. Disaster Financial Assistance only covers uninsurable losses, such as damage from overland flooding or storm surge, or losses for which unlimited coverage is unavailable. For an insurable loss, such as damages caused by wind, submit a claim to your insurance company.
- NO**. I cannot obtain unlimited coverage. Continue to the next question.
- NOT SURE**. Contact your insurance company before you continue.

Is the property owned by the business?

- YES** . Continue to the next question.
- NO** . The business rents or leases the property. A copy of your rental agreement will be required. Continue to the next question.

Are you a sole proprietor or owner of at least 50 per cent of the business and its full-time, day-to-day manager?

- YES** . A letter from your lawyer verifying this will be required.
- NO** . Do not complete the application form.

Is the yearly gross revenue at least \$10,000 and not more than \$2,000,000 and that the business employs not more than the equivalent of 20 full-time employees.?

- YES**. A letter from your chartered or certified accountant confirming that the yearly gross revenue of your business as reported for income tax purposes is at least \$10,000 and not more than \$2,000,000 will be required.
- NO**. Do not complete the application form. This definition of small business meets federal funding rules and is not negotiable.

Disaster assistance area:

Hurricane Dorian: Entire Province

Date of disaster: September 7- 8. 2019 **Application deadline: March 31, 2020**

1 Give your business information

Name of business: _____

Civic address where damage occurred: _____ Postal code _____

Mailing address (if different): _____ Postal code: _____

Phone number: _____ Business registration number: _____

2 Tell us who to contact if we have questions

Name: _____ Position or title: _____

Phone number: _____ Email: _____

3 Give insurance information

Name of insurance company: _____

Policy number: _____

Agent's name: _____ Agent's phone number: _____

4 Describe the type of property affected

For example, a wharf or a building:

5 Describe the damage to this property

Mail in photographs of the damage with your application. Include additional pages to describe the damage, if needed. Include "before" photos for each item, if any exist, to establish pre-disaster condition.

10 Have you attached a letter verifying your gross annual business income and that the business employs not more than the equivalent of 20 full-time employees.?

Letter from my chartered or certified accountant attached, confirming that the yearly gross revenue of my business as reported for income tax purposes is at least \$10,000 and not more than \$2,000,000 and that the business employs not more than the equivalent of 20 full-time employees.

I will provide it at a later date.

11 Sign the certification and consent

I certify that

- I am the authorized representative of the organization named in this application
- the damages described arise from and were caused by the declared disaster event
- the information I have provided on this form is complete and accurate

I agree that Emergency Management Office personnel or an independent adjustor appointed by the Emergency Management Office may inspect and examine the following to verify the information in this application:

- the property which is the subject of this application for assistance, by giving at least 24 hours' notice
- appropriate related insurance coverage
- appropriate related assistance from charitable and other organizations
- other relevant records maintained by municipal, provincial or federal government departments

I consent to the use and storage of this information within the rules as set out in the Freedom of Information and Protection of Privacy Act: (nslegislature.ca/legc/statutes/freedom.htm).

Name (please print): _____

Position or title: _____

Signature: _____ Date: _____

12 Email this form to the Emergency Management Office (optional)

You may start your application electronically. Email the completed form to emo@novascotia.ca

You must follow up with the signed application and mail it along with the attachments by the deadline below.

13 Mail a signed copy of this form and attachments by March 31, 2020 to:

Disaster Financial Assistance

P. O. Box 2581

Halifax, NS B3J 3N5

Required letters are available at beta.novascotia.ca/government/emergency-management-office

What happens now? Once we have received your signed application by mail, someone from this office will contact you.

Questions? Call 902-424-5620 or toll free at 1-866-424-5620