# **APPLICATION FORM – COMMUNITY, VOLUNTARY AND SPORTING BODIES**

## Government Scheme to provide Emergency Humanitarian Flood Relief to Community, Voluntary & Sporting Bodies impacted by weather events resulting in serious flooding in County Cork during the period of October 4th 2024 to October 6th 2024.

**CLOSING DATE FOR RECEIPT OF APPLICATIONS: November 7th 2024.**

**Return by post to Irish Red Cross, 16 Merrion Square, D02 XF85 or by email to** **emergencyflooding@redcross.ie**

### *This scheme is designed to cover damage to buildings, contents and fixtures and fittings. (Does not cover pathways, outdoor arenas, carparks, etc.)*

**Relating to a ONCE–OFF ex-Gratia Contribution**

**Part 1 – Applicant’s Details:**

1. Name of Community, Voluntary or Sporting Body:

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

2. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Premises Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

4. Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is your Community, Voluntary or Sporting Body registered as a Company? YES/NO (Circle your answer)

 If YES please supply your CRO number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If your Community, Voluntary or Sporting Body is not registered as a Company, then please outline its structure and legal status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Is your Community, Voluntary or Sporting Body a Registered Charity? YES/NO (Circle your answer)

 If YES please supply your Registered Charity Number (RCN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If you are applying on behalf of a Sporting Body, please indicate if your club is associated with a National Sporting Association. YES/NO (Circle your answer)

 If YES, please indicate which one \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you making this application on behalf of the owner of the premises? YES/NO (Circle your answer)

9. 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.3 above.

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

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

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

10. What is the Nature of your Body/Organisation:

Please tick

Community

Voluntary

Charitable

Sporting

Other

If other, please detail below:

11. Is your Community, Voluntary or Sporting body the sole occupier of the premises at 3 above?

YES/NO (Circle your answer)

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

NOTE: Please submit a copy or original of a recent (within 6 months) utility bill e.g. phone, gas, electricity for the premises which was flooded, in the name of the organisation.

**Part 2 – Insurance Details:**

12. Is your organisation’s premises/contents currently insured against flooding risk? YES/NO (Please circle your answer)

If no, please explain why your current policy does not have flood risk cover included, and indicate the steps that you have taken to try to obtain flood risk cover. Note – further information or proof may be required

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13. Please provide details of your organisation’s current insurance policy:

Insurance Company Name, Address and Policy No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Has your organisation’s premises been flooded previously? YES/NO (Please circle your answer). If Yes, please provide details:

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

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15. Have you and/or your organisation 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:**

 16. Indicate which option (**Scheme A1 and/or A2**) you are applying for \_\_\_\_\_\_\_

**Scheme A: Emergency Business Flood Relief Scheme**

**A1)** A single once-off contribution toward the damage of up to a maximum of €5,000. It is anticipated that this will meet the needs of the majority of those affected. The intention is to process payments as fast as possible.

**A2)** In the event that the premises has incurred significant damages in excess of €5,000, a single initial contribution of €5,000 on the basis of this form submission and verification by the Local Authority may be made. Further payments, pending assessment, may be made up to a maximum of €15,000 (i.e. the total payment awarded capped at €20,000).

17. Briefly outline the details of the current damage and cost to your organisation’s premises and contents which occurred in County Cork the period between October 4th and October 6th 2024. Please note you will also need to attach photos and/or videos of the damage caused by the flood.

|  |  |
| --- | --- |
| Description of damage | Cost of repair or replacement |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Total Cost: | **€** |

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

18. Please provide any other relevant information to your application:

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

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Please provide copies of any other documentation or photographs you may consider relevant in support of your application

19. Please insert bank details:

Name of account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4 – Declaration:**

(Must be signed by the applicant on behalf of the Community, Voluntary or Sporting Body (‘the applicant entity’))

I declare that the information given by me in this application is correct and complete. I understand that the information I provide will be retained and processed by the Irish Red Cross Society in line with the Data Protection Statement for the Emergency Humanitarian Flooding Scheme, which is available on the Irish Red Cross website at <https://www.redcross.ie/resource/gdprflood/>. I have enclosed with this completed form a copy or an original of a current business utility bill (last 6 months) associated with the business address which was flooded. I authorise the Irish Red Cross Society and/or the Claims Assessors to make all enquiries necessary to establish and verify the eligibility status of the applicant entity for funding under this Emergency Humanitarian Flooding Scheme, and to process the claim accordingly. 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 Scheme. In the event that I or the applicant entity receive payments under this Scheme and I or the applicant entity subsequently receive any other compensation from any other source, I undertake 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 hereby warrant that the information given in this form is true and accurate to the best of my knowledge. I understand that it may be an offence to give false or misleading information as part of this claim.

*Please note that applicants who receive payment under this scheme may be subject to audit and records and relevant receipts should be retained for a period of ten years.*

### **I AM AWARE OF THE CONTENT OF THIS APPLICATION AND I KNOWINGLY MAKE THIS DECLARATION AND CONFIRM THAT FUNDS RECEIVED WILL BE USED TO MAKE GOOD THE DAMAGED CAUSED. I CONFIRM THAT I HAVE THE LEGAL AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE APPLICANT ENTITY.**

### **PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **CAPACITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. Director, Company Secretary)**

**Part 5 : De minimis aid Declaration**

The aid being sought is provided under the European Commission Regulation on de minimis Aid. Small amounts of State aid, up to 300,000 Euros in any three-year period to any one enterprise, are regarded as too small to significantly affect trade or competition in the common market. Such amounts are regarded as falling outside the category of State Aid that is banned by the EU Treaty and can be awarded without notification to or clearance by the European Commission. A Member State is required to have a mechanism to track such aid (called 'de minimis aid') and to ensure that the combined amount of De Minimis aid payments from all sources to one enterprise in any three-year period respects the 300,000 Euro ceiling. Please provide details of all other de minimis aid which has been granted to your company within the past three years. It should be noted that a false declaration by a company resulting in the threshold of 300,000 Euro being exceeded could later give rise to the aid being recovered with interest.

I wish to apply for assistance from the *Emergency Humanitarian Flooding Scheme* under the de minimis *Regulation (EU) 2023/2831* of 13 December 2023.  I confirm that the combined amount of De Minimis aid payments from all sources in the past three years, including any assistance that may be granted*[[1]](#footnote-1)* under *Emergency Humanitarian Flooding Scheme,* does not exceed the 300,000 Euro ceiling in a rolling three year period.

Signed for Applicant Entity:

### **PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### **CAPACITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. Director, Company Secretary)**

**CHECKLIST**

**Please ensure you have each of these items before returning your application**

* Fully completed Application Form [ ]
* Photos and/or Videos of Damage caused by Flood [ ]
* Utility Bill [ ]

**The closing date for receipt of applications is November 7th 2024. Please return your application by post to Irish Red Cross, 16 Merrion Square, D02 XF85 or by email to** **emergencyflooding@redcross.ie**

1. Please note that assistance under the Emergency Humanitarian Flooding Scheme is capped at €20,000 [↑](#footnote-ref-1)