## **APPLICATION FORM – SMALL BUSINESS**

## Government Scheme to provide Emergency Humanitarian Flood relief to Small Businesses impacted by weather events resulting in serious flooding in County Cork during the period October 4th 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 – Business Applicant’s Details:**

1. Business/Trading Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Business Premises Address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Are you making this application on behalf of the owner of the Premises? YES/NO (Please circle your answer)
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Business Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mobile Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What is the nature of the business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (Please circle your answer)

 12. Is the Business a (Please circle your answer):

Sole Trader?

Limited Company?

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

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

 14. 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.

 15. If you are a landlord, please submit a tax clearance certificate, a rental agreement and, in the case of a private rented tenancy, proof of registration with the Residential Tenancies Board.

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB: Where your business premises is not subject to commercial rates, please supply a tax clearance certificate as supporting documentation, or where this is not available, a recent official document from Revenue showing the tax registration number of your business

**Part 2 – Insurance Details:**

17. Is your business 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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18. Please provide details of your current business insurance policy:

Insurance Company Name, Address and Policy No:

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

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19. Has your business premises been flooded previously? YES/NO (Please circle your answer). If Yes please provide details:

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

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20. 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:**

21. 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 is capped at €20,000)

22. Briefly outline the details of the current damage and cost to your business premises and contents which occurred in the period in County Cork 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.*

23. 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 as a currently trading small business in an area recently affected by flooding.

24. Please insert bank details:

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

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

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

**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. 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 redcross.ie/resource/gdprflood/](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 my business 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 business receive payments under this Scheme and I or the business 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-2)* under *Emergency Humanitarian Flooding Scheme,* does not exceed the 300,000 Euro ceiling in a rolling three year period.

Signed for Company:

### **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 [ ]

If you are a landlord, please also provide:

* A tax clearance certificate [ ]
* A copy of the rental agreement [ ]
* In the case of a private rented tenancy, proof of registration with the Residential Tenancies Board. [ ]

**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-2)