



PRIVATE SECTOR APPLICATION FOR DISASTER FINANCIAL ASSISTANCE (DFA) Small Business, Farm Owner or Charitable Organization

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PLEASE CHECK APPROPRIATE BOX or boxes: Small Business Owner Farm Owner Charitable Organization

Please refer to the DFA Guidelines for further program information.

The application deadline is 90 days from the date DFA was authorized.

Note: Applications will not be accepted after the deadline.
Please check our [website](#) or call toll free 1-888-257-4777 to verify the application deadline for this event.

Indigenous Status (First Nation, Inuit, or Metis): YES or NO **On First Nations Reserve?** YES or NO

Name of First Nations Reserve:

APPLICANT INFORMATION (Required)

Name(s) [Last, First, Initial]		Date of Damage	
Business, Farm or Organization Legal Name		Name of Contact Person	
Damaged Property Address <i>Street</i>		<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
Mailing Address (if different from damaged property address) <i>Street</i>		<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
Residence Telephone Number () -	Cellular Telephone Number () -	E-mail Address (Correspondence will be sent to this address)	
Alternate contact name and telephone number where you can be reached (if applicable) () -			

DAMAGED PROPERTY INFORMATION (Required)

Cause of Damage/Loss

Flooding Landslide Windstorm OTHER:

Brief Description of Damage/Loss (See Appendix A for cleanup hours, Appendix B for damaged items)



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Failure to complete Section A or B may result in your application being assessed as not eligible.

Section A

Small Business applicant:

- Is your business managed by all owners of the business on a day to day basis?
Is the income from the business the major source of income for all owners of the business?
Are the gross sales of the business less than \$1 million per year?
Does the business employ less than 50 employees at any one time?

Section B

Farm Owner applicant:

- Is the farm operation identified in the current assessment of the British Columbia Assessment Authority as a developing or established agricultural operation?
Is the farm operation owned and operated by a person(s) who full-time employment is as a farmer?
Is the farm operation the means by which the owner(s) derives the majority of that person's income?

Section C

You will be required to provide supporting documentation to support the above information and have it available for the evaluator during the site meeting.

- Written confirmation from your insurance broker/agent that you could not have purchased insurance to cover the loss to your small business, farm or charitable organization.
A copy of a rental agreement or lease, if applicable.
If you have invoices/receipts for cleanup or repairs, please have them available during the site meeting to help the evaluator identify eligible costs.

For Small Business and Farm Owner:

- The most recently filed financial statements (income statement and balance sheet) used for income tax purposes.
The most recently filed complete corporate income tax return, with all supporting schedules.
The most recently filed complete personal income tax returns for all owners, with all supporting schedules.
Proof of ownership (Central Securities Register listing all shareholders or Partnership Agreement)

For Charitable Organizations:

- A listing of the Directors, including their contact and address information.
Proof of the organization's registration (must include registration date) under the BC Society Act.
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.



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APPENDIX A – CLEAN UP LOG – please track, on a daily basis, the number of hours you, your family and friends spent on cleanup. For further information about cleanup and disinfection, please refer to [Recovering After a Flood](#) which is available on the [DFA website](#) or by contacting our office toll-free at 1-888-257-4777.

APPENDIX B – DAMAGE ASSESSMENT - list all items damaged or lost by room. If further items are identified after submitting your application, please keep a list of new items and have it available for the evaluator at the site visit.

CONSENT TO COLLECT/RELEASE INFORMATION: I/We authorize Emergency Management BC (EMBC) to disclose all personal information that I/we provide to EMBC and that EMBC collects about me/us to other relief organizations and governments that are offering any assistance whatsoever as a result of this disaster. I/We give EMBC 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. I/we give my consent to the exchange of information between EMBC (or its agent) and Provincial Government Ministries and Crown Corporations, to receive information and to verify that the information provided by myself/us is accurate. This consent is valid for one year from the date of signing.

I/We authorize BC Assessment to provide representatives from Emergency Management BC with confidential information about my property. This information will assist Emergency Management BC in assessing damages from the recent authorized DFA event.

Personal information on this form is collected under the authority of the *Emergency Program Act*. The information will be used to determine eligibility for Disaster Financial Assistance. If you have any questions about the collection of this information, contact Emergency Management BC. Personal information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

DECLARATION I/We do solemnly declare that the foregoing representative statements are to the best of 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 it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

I/We understand that by signing this application I/we are confirming that any funds recovered through civil litigation or other sources that are attributable to eligible expenses, up to a maximum amount of what I/we have receive under DFA for those expenses, must be repaid to the Province.

_____ Signature of Applicant	_____ Date (yyyy/m/day)	_____ Signature of Applicant	_____ Date (yyyy/m/day)
_____ Print Name		_____ Print Name	

TO APPLY, PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:

E-mail: dfa@gov.bc.ca
Emergency Management BC, PO Box 9201 Stn Prov Govt, Victoria BC V8W 9J1
Telephone: 1-888-257-4777 (Toll Free) Fax: 250 952-5542



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APPLICANT NAME: _____

APPENDIX A

CLEANUP LOG

Your cleanup will probably begin before the evaluator arrives...

- 1. Where possible, damaged contents should not be thrown away until the evaluator arrives. If items must be thrown away, the applicant should take pictures of the items.
2. For structural damage, if the repairs must be done before the evaluator arrives, please take pictures of the damage before it is repaired.
3. If you have rented or hired equipment or other suppliers to assist you with cleanup, keep receipts or invoices. You may provide these receipts to the evaluator during the site visit.
4. For further information about cleanup and disinfection, please refer to Recovering After a Flood which is available on the DFA website or by contacting our office toll-free at 1-888-257-4777.

Table with 5 columns: Date (yyyy/m/day), Name of Family Member/Volunteer, Hours Worked, Description of Work, EMBC Office Use Only. The table contains 15 empty rows for data entry.

EMBC Office Use Only: DFA eligible hours worked _____ @ minimum wage = TOTAL \$ _____

