

Application No.

Government Scheme to provide Temporary Emergency Humanitarian Support to Community, Voluntary & Sporting Bodies

For Community, Voluntary & Sporting Bodies adversely affected by flooding covering the period December 2015 – January 2016.

This scheme is designed to cover damage to buildings, contents or equipment only

APPLICATION FORM

EXTENDED CLOSING DATE FOR RECEIPT OF APPLICATIONS: 21ST FEBRUARY 2016

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

Part 1 - Applicant's Details: Name of Community, Voluntary or Sporting Body: 2. Name of Applicant: Premises Address: 3. Contact Number: _____ Email Address: _____ 4. Is your Community, Voluntary or Sporting Body registered as a legal entity? YES/NO (Circle your answer) If YES please supply your CRO Number Is your Community, Voluntary or Sporting Body a Registered Charity? YES/NO (Circle your answer) If YES please supply your CHY Number or your Charities Regulator Number 7. If you are applying on behalf of a Sporting Club, please indicate if your club is associated with a National Sporting Association. YES/NO (Circle your answer) If YES, please indicate which one. ______

Are you the owner of the premises? YES/NO (Circle your answer) 8. If you have answered NO to the previous question please have the following declaration signed by the 9. 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 _____ Date: _____ Signed: 10. What is the Nature of your Body/Organisation: Please tick Community Voluntary Charitable Sporting Other If other, please detail below: Is your Community, Voluntary or Sporting body the sole occupier of the premises at 3. above? YES/NO (Circle your answer) 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: 9. Is your business premises/contents currently insured against flooding risk? YES/NO (Circle your answer) 10. If No, please explain why your current policy does not have flood risk cover included? 11. Please provide details of your current organisation's insurance policy: Insurance Company Name, Address and Policy No: 12. Has your Premises been flooded previously YES/NO (circle your answer). If Yes please provide details: 13. 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:

14.	What amount are you claiming under this scheme €	<u>(</u> See 16 below)	
15.	Briefly outline the details of the current damage an during the period December 2015 – January 2016	d cost to your premises, contents and equipment	
	Damage	Cost of repair or recovery	
	Total Cost:		
16.	ease provide more detail on extra sheet(s), if necessary Indicate which option below (A or B) you are applyi		
	Bodies Scheme:		
a.	A single once-off contribution toward the damage of up to a maximum of €5,000.		
	YES/NO (Circle your answer)		
	 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 ev	vidence to be provided by the applicant, an	
	additional process and assessment in relation to the	is will follow.	
17.	Please provide any other relevant information to your application:		

Part 3 - Loss and/or Damage:

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 Community, Voluntary or Sporting Body.)

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 Community, Voluntary & Sporting Bodies 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 organisations 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 Community, Voluntary & Sporting Bodies 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 Community, Voluntary & Sporting Bodies 2015 Scheme and I or the organisation 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/Chairman/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:

Organisation/Body Bank Account Name:		
Bank Name:		
Bank Address		
IBAN:		
BIC:		
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		
For further information call: 01-6424600		