



APPLICATION FORM

Government Scheme to provide Emergency Humanitarian Support to Small Businesses affected by the Explosion in Creeslough, County Donegal on 7th October 2022

This scheme is designed to cover damage to buildings, contents and fixtures and fittings. (Does not cover loss of earnings, loss of business goodwill)

CLOSING DATE FOR RECEIPT OF APPLICATIONS: 31st December 2022. Return by post to Irish Red Cross, 16 Merrion Square, D02 XF85 or by email to rdunn@redcross.ie

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 – Business Applicant’s Details:

1. Business/Trading Name: _____
2. Name of applicant: _____
3. Business Address: _____

4. Business Premises Address(if different form above): _____

5. Are you the owner of the Premises? YES/NO (Please circle your answer)
6. 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: _____

NOTE: IT IS AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION. INFORMATION MAY ONLY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.



7. Business Phone Number: _____
8. Mobile Phone Number: _____
9. What is the nature of the business/trading: _____
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 Sole Trader? YES/NO (Please circle your answer)
13. Is the Business a Limited Company? YES/NO (Please circle your answer)
14. Other (please specify): _____
15. 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 affected.
16. If you are a landlord, you will need to provide a tax clearance certificate, a rental agreement and registration with the RTB in the case of a private rented tenancy.
17. 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:

19. Is your business premises/contents currently insured? YES/NO (Please circle your answer)

If Yes, please detail all exclusions and information regarding any excess relating to your policy.

20. Please provide details of your current business insurance policy:

Insurance Company Name, Address and Policy No:

21. Have you and/or your business applied for or received any other form of financial assistance in respect of the damage caused by the explosion to your premises/contents. YES/NO (Circle your answer)

If yes please provide details:



Part 3 – Loss and/or Damage:

23. What amount are you claiming under this scheme €_____ (See 25 below)

24. Briefly outline the details of the current damage and cost to your business premises and contents which occurred on the 7th October as a result of the explosion in Creeslough, County Donegal. Please note you will also need to attach photos and/or videos of the damage caused.

Damages	Cost of repair or recovery
<u>Total Cost:</u>	€

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

25. Indicate which option below (A or B) you are applying for under this Scheme:

- A. A single once-off contribution toward the damage of up to a maximum of €5,000. YES/NO (Please circle your answer)
- B. 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 (Please circle your answer) **Please Note: This will require further detailed evidence to be provided by the applicant, an additional process in relation to this will follow.**

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

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

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 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 Small Businesses affected by the explosion in Creeslough, County Donegal on 7th October 2022. 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. (<https://www.redcross.ie/data-protection/>) I have enclosed with this completed form a copy or an original of my current business utility bill (last 6 months) associated with the business address which was affected. 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 Scheme to Small Businesses affected by the Creeslough Explosion. 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. In the event that I or the business receive payments under this Emergency Humanitarian Support Scheme and I or the business 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/Other)

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Crois Dhearg na hÉireann
Irish Red Cross

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Please ensure you have each of these items before returning your application –
Fully completed Application Form []
Photos and/or Videos of Damage caused []
Utility Bill []

**The closing date for receipt of applications is 31st of December 2022. Please return
your application by post to Irish Red Cross, 16 Merrion Square, D02 XF85 or by
email to rdunn@redcross.ie**

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