## SMALL BUSINESS 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 will cover damage to buildings, contents, fixtures, fittings and loss of trade.*

**CLOSING DATE FOR RECEIPT OF APPLICATIONS: 13th January 2023. 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 business (a further contribution from the fund may be available following a more detailed assessment)**

**Part 1 – Business Applicant’s Details:**

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

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

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

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

1. Are you 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/trading: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Total number of employees /directors/owners

Full Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Part Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If your claim relates to damage to premises, 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 – Loss and/or Damage:**

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

24. Briefly outline the details of the damage and/or estimated loss of earnings to your business premises and contents which occurred on the 7th October as a result of the explosion in Creeslough, County Donegal.

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| --- | --- |
| **Description** | **Estimated Loss of Earnings or Damages** |
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| Total Cost: | **€** |

*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:

1. A single once-off contribution toward the damage or other losses of up to a maximum of €5,000. YES/NO (Please circle your answer)
2. For damage or losses 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 (subject to available budget). YES/NO (Please circle your answer)
3. **Please Note: This will require further detailed evidence to be provided by the applicant and an additional process in relation to this will follow**. In general, the total contribution will not exceed €20,000

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

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**Please Note –** A payment from this scheme may be deductible in the event of an insurance pay out if a claim is made for damages etc over the initial €5k humanitarian payment

**Part 3 – 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)**

**Please ensure you have each of these items before returning your application –**Fully completed Application Form [ ]   
Utility Bill [ ]

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