



**Government Scheme to provide Emergency Flood Relief to Small Businesses impacted by weather events resulting in serious flooding during the period of 17<sup>th</sup> October to 5<sup>th</sup> November 2023.**

**APPLICATION FORM**

**CLOSING DATE FOR RECEIPT OF APPLICATIONS: 1<sup>st</sup> December 2023. 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, car parks, 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: \_\_\_\_\_  
\_\_\_\_\_
4. Business Premises Address (if different from 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 flowing declaration signed by the premises owner :

<p>I am the owner of the property listed at No.4 above.</p> <p>I <u>intend/do not intend</u> to make a claim under this scheme. (Please circle your answer)</p> <p>Name in Capital Letters _____</p> <p>Signed: _____ Date: _____</p>
---

**NOTE: IT MAY BE AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION. THE INFORMATION YOU PROVIDE MAY 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. When did the flooding of your business premises occur? \_\_ / \_\_ / \_\_\_\_
16. 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.
17. 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.
18. 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 against flooding risk? YES/NO (Please circle your answer)

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

---

---

If No, please explain why your current policy does not have flood risk cover included? Note – further information or proof may be required

---

---

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

Insurance Company Name, Address and Policy No:

---

---

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

---

---

22. 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:

---

---



**Part 3 – Loss and/or Damage:**

23. Indicate which option (**Scheme A or B**) 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.

**A2)** For overall damage that exceeds €5,000, a single initial contribution of €5,000 on the basis of this form submission and verification by the Local Authority. Plus further payments, to be made up to a maximum of €15,000 to be made followed by an assessment by a professional assessor appointed by the Irish Red Cross.

**Scheme B: Enhanced Emergency Business Flood Relief Scheme**

*Please Note – Applicants who apply for both B1 or B2 will be subject to an onsite assessment and further detailed evidence of damage. Businesses will be required to refund any overpayment.*

**B1)** A single once-off contribution toward the damage of up to a maximum of €10,000.

**B2)** For overall damage that exceeds €10,000, a single initial contribution of €10,000 on the basis of this form submission and verification by the Local Authority. Further payments, plus validation of the initial €10,000 to be made up to a maximum of €100,000 to be made followed by an assessment by a professional assessor appointed by the Irish Red Cross.



24. Briefly outline the details of the current damage and cost to your business premises and contents which occurred in the period 17<sup>th</sup> October and 5<sup>th</sup> November 2023. Please note you will also need to attach photos and/or videos of the damage caused by the flood.

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

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

25. 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 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 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 purposes of determining eligibility under this Emergency Flood Relief Scheme to Small Businesses Bodies regarding the October/November 2023 Scheme and processing claims accordingly. The data provided may have to be verified with the relevant third parties referenced in the application, or with other parties as necessary. I understand and accept that these necessary enquiries are only allowable in terms of processing my claim, including establishing and verifying the eligibility of my business under this scheme. I have read and agree with the data protection statement set out 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 flooded. I, hereby authorise the Irish Red Cross Society and/or their Assessors to make all enquiries necessary to establish and verify the eligibility status of my business for funding under this Emergency Business Flood Relief October/November 2023 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 Emergency Business Flood Relief to Small Businesses Bodies October/November 2023 Scheme. In the event that I or the business receive payments under this Emergency Business Flood Relief October/November 2023 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 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 my claim. *Note that applicants who receive payment under this scheme may be subject to an audit so records and relevant receipts should be retained for a period of one year.*

**I AM AWARE OF THE CONTENT OF THIS APPLICATION AND I KNOWINGLY MAKE THIS DECLARATION AND CONFIRM THAT FUNDS RECEIVED WILL BE RE-INVESTED INTO THE BUSINESS**

**SIGNATURE OF APPLICANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**CAPACITY** \_\_\_\_\_: (Individual/Director/Other)

**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 [ ]**

**The closing date for receipt of applications is 1<sup>st</sup> December 2023. Please return your application by post to Irish Red Cross, 16 Merrion Square, D02 XF85 or by email to [emergencyflooding@redcross.ie](mailto:emergencyflooding@redcross.ie)**

**NOTE: IT MAY BE AN OFFENCE TO GIVE FALSE OR MISLEADING INFORMATION. THE INFORMATION YOU PROVIDE MAY BE SHARED WITH OTHER BODIES IN ACCORDANCE WITH LAW.**