

EMERGENCY MANAGEMENT ORGANIZATION



Manitoba 

Application for Disaster Financial Assistance

Instructions:

1. Please fill out all sections on this application. Print clearly.
2. Return completed applications to EMO.

Claim Type: Home Farm Business Non-profit Organization

First Name, Business or Organization Name shown on property tax bill		Middle Name Initial	Last Name	
Mailing Address			City, Town, Village	
Province		Postal Code	Contact person name (if different than above)	
Phone Numbers	Primary	Secondary		Tertiary
	Primary	Secondary		
Email Address	Primary	Secondary		

Preferred method of correspondence: Email Regular Mail

Date of Loss From	(dd)	(mm)	(yyyy)	To	(dd)	(mm)	(yyyy)	Type of Event (flood, heavy rains, wind storm, tornado, etc.)
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Damaged Property Information

Address of damaged property (according to Property Tax Bill)	Local Authority of damaged property (Municipality, City, Town)	Tax Roll Number(s) of damaged property
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Please check those that apply:

Residential	Are you the homeowner or the tenant? <input type="checkbox"/> Homeowner <input type="checkbox"/> Tenant
	Is this application for damage to my principal residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is the home habitable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Evacuation	Number of occupants evacuated: _____
	Evacuation Dates: Start Date: _____ End Date: _____
Farm / Small Business	<input type="checkbox"/> My farm or business has gross annual revenues between \$10,000 - \$2,000,000 per year.
	<input type="checkbox"/> I am the day to day manager of my farm / business.
	Do you own or rent the damaged property? <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Own and Rent
	<input type="checkbox"/> My damages are for crop losses only.

Briefly describe the damages / and or losses:

What is the source of flooding?

Overland Flooding Seepage Back-up or Escape of Water / Sewage / Sump

Were you at the property when damage occurred? What was the depth of water?

Yes No Basement: ____ feet ____ inches Main floor: ____ feet ____ inches

Have you contacted your insurance provider?

Yes No

Briefly describe the status of your insurance related to the damages:

Important information for Applicants:

1.The Manitoba Emergency Management Organization (“EMO”) makes Disaster Financial Assistance (“DFA”) available when a Disaster Financial Assistance Program (“DFA Program”) is established by the Government of Manitoba. DFA Programs may be established following natural disasters that cause wide-spread damage that is mostly uninsurable, and creates a significant financial burden for those impacted. Once a DFA Program is created EMO accepts applications for 90 days.

2.To qualify for DFA an Applicant must have incurred and paid certain out-of-pocket expenses for goods and services, necessitated by the natural disaster, for which insurance coverage is not available (referred to herein as “Eligible Expenses”). DFA Programs do not reimburse Applicants for 100% of an Eligible Expense. DFA Program guidelines dictate the maximum amount of DFA that can be paid to an Applicant in relation to an Eligible Expense. The total amount of DFA an Applicant qualifies for is subject to a 20% deductible, with a few exceptions. Each DFA Program also establishes the maximum amount of DFA an Applicant may receive. The Applicant will be notified by letter if EMO determines they do not qualify.

3.DFA is not a substitute for private insurance. DFA is not available if insurance coverage for the damage claimed by the Applicant was readily available from an insurance broker or agent. Prior to providing any DFA, EMO will require the Applicant’s insurer to complete a written statement regarding the types of insurance coverage available to the Applicant prior to the natural disaster.

4.Joint property owners or co-tenants must submit one application.

5. Once this Application is submitted EMO will conduct a preliminary screening to determine if the Applicant may be eligible for DFA. If the preliminary screening suggests the Applicant may be eligible for DFA, an onsite inspection of the land, building and/or other property in relation to which the Applicant is claiming DFA will be conducted. By submitting this Application, the Applicant agrees to permit any person designated by EMO to enter upon the Applicant's property, at an agreed time and date, to complete the inspection.

6. After the inspection is completed, EMO will determine if the Applicant's claim qualifies for DFA, based on the DFA Program's guidelines and policies. The Applicant is required to submit to EMO copies of receipts, invoices and other documents when requested regarding:

(a) Eligible Expenses for which the Applicant wishes to receive DFA (proof of payment must be included); and
(b) details of all insurance payouts and/or compensation received from another source (government, charity or otherwise) or pursuant to a Court Order, which the Applicant received in relation to the loss being claimed (hereinafter collectively referred to as "Compensation").

The Applicant must have paid all Eligible Expense and provide all required supporting documentation to EMO within one year of the DFA Program being announced.

7. Using the inspection information, receipts, invoices and other documents submitted in support of the Applicant's claim, EMO will determine what amount of DFA, if any, the Applicant is entitled to based on the DFA Program's guidelines and policies. EMO may reduce or deny DFA that an Applicant is otherwise entitled to if, in the opinion of EMO: the damage being claimed existed prior to the natural disaster; the Applicant did not take reasonable action before, during or after the natural disaster to prevent or limit the damage to their property; or after the natural disaster, the Applicant has neglected or shown indifference towards the damage for which DFA has been claimed.

8. The Applicant must immediately advise EMO of any additional Compensation it receives after submitting this Application. Manitoba may reduce the amount of DFA an Applicant receives to reflect that additional Compensation.

9. EMO may pay DFA in multiple installments.

10. Where joint owners or co-tenants are entitled to DFA, unless both parties instruct EMO otherwise, in writing, EMO will issue all cheques in both parties' names.

11. If after paying DFA to an Applicant, Manitoba determines that the Applicant knowingly:

a. submitted a receipt, invoice or other document for ineligible expenses, for which it received DFA; or
b. the Applicant has failed to report any Compensation it received; the Applicant will be required to repay all DFA received from Manitoba, within 30 days of Manitoba's demand for repayment. That amount will be a debt due and owing to the Government of Manitoba, and if not repaid within the 30 day period, will accrue interest until repaid in full, at the rate of interest set out in the Government of Manitoba's Financial Administration Manual, from time-to-time.

12. The DFA Program's guidelines and policies are subject to change from time-to-time without notice. Any DFA granted to the Applicant as a result the damages claimed in this Application is discretionary and gratuitous.

13. Notice about Collection of Personal Information:

The term "personal information" has the meaning ascribed to it in The Freedom of Information and Protection of Privacy Act, C.C.S.M. c. F175 ("FIPPA"). The personal information collected from the Applicant in this Application, and any personal information that is subsequently collected from the Applicant, is collected under the authority of clauses 36(1)(a), 36(1)(b) and 37(1)(m) of FIPPA, for the purposes of:

- administering and evaluating the DFA Program;
- determining and verifying the Applicant's eligibility for DFA;
- reporting under the Government of Canada's Disaster Financial Assistance Arrangements ("DFAA"); and
- for disaster and climate risk analysis and for program development and planning across Manitoba government departments.

By submitting this Application, you consent to EMO collecting the Applicant's personal information, and to EMO disclosing the Applicant's personal information for the purposes indicated above in accordance with subsections 44(1)(b) and 44(1)(i) of FIPPA. Your consent is voluntary and can be withdrawn at anytime however withdrawal will result in the Applicant not receiving DFA. Your personal information will be kept strictly confidential, and will not be disclosed, except in accordance with FIPPA.

14. Non-identifying data collected from and about the Applicant's claim may be used and/or disclosed to third parties for the purposes of, but not limited to, research and planning; policy analysis; assessment of risk and/or program development.

Acknowledgement

I/We acknowledge and agree that:

- to the best of my/our knowledge and belief, the information and documentation I/we have provided in this Application, or will provide in future in support of this Application, are true and correct in every respect;
- I/We understand that it is an offence under the Criminal Code of Canada to knowingly make any false statement or representation in a document of this nature, or to furnish any false or misleading information or documentation for the purpose of obtaining funding from a government program;
- I/We have read and understand the "Important Information for Applicants" section; and
- The DFA Program's guidelines and policies are subject to change from time-to-time, without notice, and any DFA granted to the Applicant by EMO is discretionary and gratuitous.

I/We acknowledge and agree with the above statements.

Date _____ (DD) _____ (Month), 20____ (YY)

X _____ (Applicant/Representative Signature) _____ (Applicant/Representative Name – please print)

X _____ (Applicant/Representative Signature) _____ (Applicant/Representative Name – please print)

For Corporate Applicant(s)

(Corporation Name – please print)

X _____ Name: _____ Position: _____
(Officer or Director Signature) (please print) (please print)

I have authority to bind the Corporation

For additional information visit: www.manitobaemo.ca

Emergency Management Organization
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Email: dfa@gov.mb.ca

OFFICE USE ONLY
Date Received: _____
Claim Number: _____

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