



APPLICATION FOR FINANCIAL ASSISTANCE
HURRICANE FIONA RECOVERY FUND

PROTECTED WHEN COMPLETED

CONFIDENTIALITY: The information provided in this application (including any annexes and supporting documents) is subject to the *Access to Information Act* and *Privacy Act*, as applicable. No commercially confidential information that you submit will be disclosed unless authorized by you, required by law, or required by the Minister for the purpose of the [Atlantic Canada Opportunities Agency Act](#) for the purposes of the conduct of an international dispute in which Canada is a party or a third party intervenor. Please consult the federal government's [Access to Information Act](#) for additional details.

Any information that you consider confidential should be annotated accordingly.

It is the responsibility of the applicant to complete all required sections as accurately and as completely as possible. Failure to do so may preclude the Atlantic Canada Opportunities Agency (ACOA) from considering the application. ACOA may require further information and/or consents from the applicant to fulfill requirements.

IMPORTANT: This form is for the ACOA Hurricane Fiona Recovery Fund (HFRF). The HFRF Applicant Guide contains important information about the program requirements and step-by-step guidance for completing and submitting your application. It is strongly recommended that you carefully review the guide prior to completing your application.

PART A – APPLICANT INFORMATION

| | | | | | |
|------------------------------------------------------------------|--|----------------|----------------------------------------------------------------------------------------------|----------------------------------|---------------------------------|
| 1. OFFICIAL LANGUAGE PREFERRED FOR CORRESPONDENCE | | | | <input type="checkbox"/> ENGLISH | <input type="checkbox"/> FRENCH |
| 2. LEGAL NAME OF APPLICANT | | | | | |
| 3. BUSINESS OR OPERATING NAME (IF DIFFERENT FROM LEGAL NAME) | | | | | |
| 4. TYPE OF LEGAL ENTITY | | | | | |
| <input type="checkbox"/> CORPORATION | | | | | |
| <input type="checkbox"/> SOLE PROPRIETORSHIP | | | | | |
| <input type="checkbox"/> NOT-FOR-PROFIT ORGANIZATION | | | | | |
| <input type="checkbox"/> PARTNERSHIP | | | | | |
| <input type="checkbox"/> MUNICIPALITY OR OTHER GOVERNMENT ENTITY | | | | | |
| <input type="checkbox"/> INDIGENOUS ORGANIZATION OR CORPORATION | | | | | |
| <input type="checkbox"/> OTHER (SPECIFY): | | | | | |
| 5. DATE OF INCORPORATION OR REGISTRATION | | | 6. APPLICANT BUSINESS NUMBER (9 DIGIT BUSINESS IDENTIFIER PROVIDED BY CANADA REVENUE AGENCY) | | |
| | | | | | |
| 7. MAILING ADDRESS | | | | | |
| | | | | | |
| 8. CITY | | 9. PROVINCE | | 10. COUNTRY CANADA | |
| | | | | | |
| 12. BUSINESS PHONE NUMBER | | 13. FAX NUMBER | | 14. EMAIL | |
| | | | | | |
| 15. WEBSITE | | | | | |
| | | | | | |

PART B – AUTHORIZED REPRESENTATIVE (An authorized representative of the Applicant is a person who has the authority to bind the applicant. This includes the authority to make representations and enter legally binding documents for and on behalf of the applicant.)

| | | | | | |
|-------------------------------------------------------------------|--|----------------------------|--|---------------|--|
| 1. FIRST NAME | | 2. LAST NAME | | | |
| | | | | | |
| 3. TITLE | | 4. EMAIL | | | |
| | | | | | |
| 5. BUSINESS TELEPHONE NUMBER | | 6. MOBILE TELEPHONE NUMBER | | 7. FAX NUMBER | |
| | | | | | |
| 8. IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT? | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |



PART C - CONSENT AND CERTIFICATION

- 1) The information collected in this application, including any annexes and attached supporting documents, as well as any other information collected by or on behalf of the Atlantic Canada Opportunities Agency (ACOA) to process applications for grants and contributions, is collected pursuant to the [Atlantic Canada Opportunities Agency Act](#) and the [Financial Administration Act](#).
- 2) There is no obligation to provide the requested information, but failure to do so may prevent ACOA from considering the application.
- 3) A project determined to be a designated under the [Impact Assessment Act](#) may be subject to an impact assessment. For compliance with this Act, any project information provided to ACOA, including scientific information, may be shared with the Impact Assessment Agency of Canada and may be made publicly available through the Canadian Impact Assessment Registry. In addition, a representative from Public Services and Procurement Canada may contact you to discuss the project.
- 4) The names of successful applicants, the amount of approved funding, and a description of the project are included in public records and disclosed on ACOA's website in accordance with the Government of Canada's proactive disclosure practices.
- 5) ACOA may contact any person listed in this application to inquire about the applicant.
- 6) I certify that the information provided in this application, including all annexes and attached supporting documents, is, to the best of my knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment of the project. Furthermore, I will promptly notify ACOA if any of the information changes.
- 7) I certify that financial assistance from ACOA is a significant factor in the decision to proceed with this project.
- 8) The applicant certifies that it is not engaged in any illegal or criminal activity, and does not promote violence, incite hatred, or discriminate on the basis of sex, gender identity or expression, sexual orientation, colour, race, ethnic or national origin, religion, age, or mental or physical disability.
- 9) I authorize ACOA to make any inquiries required to assess this application, including obtaining corporate and business information about the applicant, to assess this application.
- 10) I authorize ACOA to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions, and non-profit economic development organizations, and consent to the collection and sharing of information for these purposes.
- 11) I consent to the sharing of the information collected with other federal and provincial departments and agencies for the administration of grants and contributions.
- 12) I consent to the use of the information for policy analysis, research and/or evaluation of ACOA programs.
- 13) The applicant agrees to comply with the [Official Languages Act](#), where applicable, depending on the nature of the project and the targeted clientele.
- 14) I have the authority to submit this application on behalf of the applicant and evidence of this authority will be provided upon request.
- 15) This application for financial assistance can be used by ACOA to determine eligibility for funding under any of its grants and contributions programs where ACOA deems it appropriate.
- 16) ACOA may have a duty to consult with Indigenous peoples as part of its assessment of this application for financial assistance. Where applicable, the applicant agrees to collaborate and provide such information and consents as requested by ACOA to assist in this process. Failure to do so may preclude ACOA from considering this application.

I have read and understood the above Consent and Certification section. I voluntarily consent to the collection, use and disclosure of information as described, and make the certification as stated and authorize the actions indicated.

(Please keep a signed copy of this form for your records.)

SIGNATURE OF AUTHORIZED OFFICIAL

SIGNED AT (LOCATION): _____

NAME AND TITLE OF AUTHORIZED OFFICIAL

ON THIS _____ DAY OF _____, 20____



ANNEX HURRICANE FIONA RECOVERY FUND

PROTECTED WHEN COMPLETED

1. APPLICANT ATTESTATION

I HEREBY ATTEST, REPRESENT AND WARRANT THAT:

APPLICANTS MUST HAVE EXHAUSTED ALL OTHER SOURCES OF FINANCIAL ASSISTANCE. THE HURRICANE FIONA RECOVERY FUND (HFRF) WILL NOT COVER COSTS ELIGIBLE UNDER OTHER FEDERAL OR PROVINCIAL PROGRAMS, AND INSURANCE COVERAGE MUST BE MAXIMIZED. IF YOU HAVE APPLIED FOR ANY OTHER ASSISTANCE, YOU MUST ATTEST TO IT BELOW.

| SOURCES OF FINANCIAL ASSISTANCE | DID YOU APPLY? | | | WHAT WAS THE OUTCOME? | | |
|-----------------------------------------------------------------------|----------------|----|----------------|-----------------------|----------|----------------|
| OTHER FEDERAL GOVERNMENT | Yes | No | Not Admissible | Approved | Rejected | Not Applicable |
| PROVINCIAL GOVERNMENT | Yes | No | Not Admissible | Approved | Rejected | Not Applicable |
| RED CROSS | Yes | No | Not Admissible | Approved | Rejected | Not Applicable |
| INSURANCE | Yes | No | Not Admissible | Approved | Rejected | Not Applicable |
| OTHER (any other sources of financial assistance not mentioned above) | Yes | No | Not Admissible | Approved | Rejected | Not Applicable |

2. PROJECT INFORMATION

A. WHAT IS THE PROJECT LOCATION (Please consult the Applicant Guide for more details):

B. DESCRIBE THE NEED AND ANY DAMAGE OR FINANCIAL LOSSES THE APPLICANT HAS INCURRED AS A RESULT OF HURRICANE FIONA (Please consult the Applicant Guide for more details):

C. DOES THE APPLICANT HAVE INSURANCE COVERAGE FOR THE ENTIRE LOSS (Please consult the Applicant Guide for more details):

- ☐ YES (Do not complete the Annex)
☐ NO (Attach a copy of the letter from your insurance company stating that there is partial or no insurance coverage for this type of loss)





IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS: