



**APPLICATION FOR FINANCIAL ASSISTANCE
HURRICANE FIONA RECOVERY FUND**

PROTECTED WHEN COMPLETED

CONFIDENTIALITY: The information provided in this application (including any annexes and attached 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 without first consulting you. However, commercially confidential information may also be disclosed where required by law or required by the Minister responsible for the Atlantic Canada Opportunities Agency for the purposes of the conduct of an international dispute in which Canada is a party intervenor. Please consult the Government of Canada's [Access to Information Act](#) for additional details. Any information that you wish to be considered as 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:			
CITY:	PROVINCE:	COUNTRY: CANADA	POSTAL CODE:
8. BUSINESS PHONE NUMBER:	9. FAX NUMBER:	10. EMAIL:	11. 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. LAST NAME:		2. FIRST 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 – OWNERSHIP (Section reserved for companies and partnerships.)

1. PROVIDE INFORMATION ABOUT THE PRINCIPAL OWNERS OF THE APPLICANT:

FIRST NAME	LAST NAME	PERCENTAGE OF	IS THE PERSON ACTIVE IN THE COMPANY?		IF YES, IN WHAT POSITION/ROLE?
			YES	NO	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

2. PROVIDE THE NAME(S) OF ANY PARENT COMPANY, SUBSIDIARIES AND ANY AFFILIATES OR RELATED LEGAL ENTITIES:

NAME OF BUSINESS	CITY/TOWN	NATURE OF RELATIONSHIP	CONTACT PERSON	TELEPHONE NUMBER

IMPORTANT NOTICE:

ACOA may require further information and documents to complete its assessment of the application, including, as applicable, information on the ownership of the land or building, parcel identification number(s), lease agreement(s), site plan(s), land improvements or soil disturbances, partnership agreement(s), intellectual property (IP) license agreement(s), and any related information about the project. ACOA may also require further consents and/or authorizations to collect personal information from officials associated with the applicant. Failure to provide any of these, if requested, may preclude ACOA from completing its assessment of the application.

ACOA has adopted [service standards](#) with respect to its response time for processing a duly completed application.



PART D - 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 project 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.
- 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](#), including applicable obligations which may vary 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 (HFRF)

PROTECTED WHEN COMPLETED

1. APPLICANT ATTESTATION

APPLICANTS MUST HAVE EXHAUSTED ALL OTHER SOURCES OF FINANCIAL ASSISTANCE. THE FUND 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.

I HEREBY ATTEST, REPRESENT AND WARRANT THAT:

SOURCES OF FINANCIAL ASSISTANCE	DID YOU APPLY?	WHAT WAS THE OUTCOME?
OTHER FEDERAL GOVERNMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Admissible	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable
PROVINCIAL GOVERNMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Admissible	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable
RED CROSS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Admissible	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable
INSURANCE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Admissible	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Not Applicable
OTHER (any other sources of financial assistance not mentioned above)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Admissible	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> 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 (e.g., inventory, equipment or product) 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 the insurance company stating that there is partial or no insurance coverage for the loss.)



D. PROVIDE A DETAILED LIST OF ASSISTANCE REQUESTED, INCLUDING ALL THE ITEMS THAT HAVE BEEN DAMAGED OR LOST AND THE TOTAL COST ESTIMATES FOR THE FINANCIAL ASSISTANCE REQUESTED UNDER THE HFRF (Please consult the Applicant Guide for more details):

ITEMIZED DESCRIPTION	TOTAL COST ESTIMATE	AMOUNT NOT COVERED BY OTHER ASSISTANCE OR INSURANCE
TOTAL		

TOTAL ACOA ASSISTANCE REQUESTED: \$ _____

E. PROVIDE ADDITIONAL DETAILS ON THE ASSISTANCE REQUIRED AS A RESULT OF THE LOSS INCURRED FROM HURRICANE FIONA TO RETURN TO COMMUNITY AND ECONOMIC ACTIVITY (Please consult the Applicant Guide for more details):

3. REQUIRED INFORMATION

THE FOLLOWING DOCUMENTATION MUST ACCOMPANY THE COMPLETED AND SIGNED APPLICATION:

(Existing clients must ensure that ACOA has an up-to-date copy of the following items)

- COPY OF ARTICLES OF INCORPORATION OR CONSTITUTING DOCUMENTS, AS APPLICABLE
- FINANCIAL STATEMENTS FOR THE PREVIOUS FISCAL YEAR (last fiscal year ending prior to the date of this application)
- DESCRIPTION OF BUSINESS OR MANDATE OF THE APPLICANT
- MANAGEMENT AND QUALIFICATIONS OF KEY PERSONNEL
- COPIES OF RELEVANT PERMITS AND LICENCES
- ALL OTHER DOCUMENTATION RELEVANT TO THIS APPLICATION



4. DISCLOSURES	YES	NO
1) ENVIRONMENT IS THE APPLICANT CURRENTLY OPERATING IN CONFORMITY WITH ENVIRONMENTAL LEGISLATION? WILL THE PROPOSED PROJECT CONFORM TO ENVIRONMENTAL LEGISLATION?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2) DUTY TO CONSULT ARE THERE INDIGENOUS COLLECTIVES IN OR NEAR THE PROJECT AREA? COULD THE PROJECT POTENTIALLY IMPACT INDIGENOUS PEOPLE OR ANY ABORIGINAL OR TREATY RIGHTS?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3) LITIGATION IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS INVOLVING THE APPLICANT BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY? ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST THE APPLICANT?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4) MATERIAL CONTRACTS IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?	<input type="checkbox"/>	<input type="checkbox"/>
5) TAXES IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETC.?	<input type="checkbox"/>	<input type="checkbox"/>
6) OTHER GOVERNMENT FUNDING HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?	<input type="checkbox"/>	<input type="checkbox"/>
IF YOU ANSWERED NO TO QUESTION 1 OR YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS:		