

Newfoundland and Labrador Disaster Financial Assistance Program (NL-DFAP)

Disaster Assistance for Local Authorities

Disaster assistance area: Avalon Peninsula

Date of disaster: August 4, 2025 – August 30, 2025

Application deadline: September 25, 2026

Do you qualify for assistance?

Please answer the following questions before filling out the application.

Is your Municipality or Local Service District located in/or provided support to the disaster assistance area noted above?

- YES. Continue to the next question.
- NO, but support was provided to the disaster assistance area noted above. Continue to the next question.
- NO, we did not provide support and are not located in the disaster assistance area noted above. Sorry, you are **NOT** eligible to complete the application.

Did the expenses occur during the disaster noted above?

- YES. Continue to the next question.
- NO. Sorry, you are **NOT** eligible to complete the application.

Will your insurance company pay for your entire loss?

- YES. Sorry, you are **NOT** eligible to complete the application. NL-DFAP only covers uninsurable losses, such as damage from storm surges, for which unlimited coverage is unavailable. If coverage was available and you did not purchase it, you are still **NOT** eligible to complete the application.
- NO. I cannot obtain unlimited coverage. Continue to the next question.
- Not sure. Contact your insurance company before filling out the application.

Is there assistance available to cover your loss under another government program such as the Canada Community-Building Fund (CCBF), Municipal Capital Works (MCW), etc.?

- YES, the funding covers my entire claim. Sorry, you are **NOT** eligible to complete the application.
- YES, however, the funding does not cover my entire claim. Continue to the application.
- NO. Continue to the application.

If you require further information, please e-mail us at NL-DFAP@gov.nl.ca or call our NL-DFAP line at 1-888-395-5611.

Please check the appropriate box:

Municipality Local Service District

Legal Name of Local Authority:	Office Use Only/File #
Name of Authorized Official:	Official Position:

MAILING ADDRESS

Street Address:	City/Town:	Province:	Postal Code:
Office Phone Number:	Office Fax Number:	Cellular Phone Number:	Email Address:

TIME FRAME OF EVENT

Start Date (yyyy-mm-dd):	Start Time:	End Date (yyyy-mm-dd):	End Time:
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DAMAGED PROPERTY INFORMATION

Please provide the location(s) of the damaged areas. If available, provide site-specific locations of damage, including GIS/GPS coordinates.

Location of Damaged Area:	GIS/GPS Coordinates:

GENERAL LOSS AND DAMAGE INFORMATION

Are any of the damages listed above located in an area that was designated, recognized, or zoned as a fire risk area?
 Yes No
 if yes, identify the location(s): _____

Have you received, will you receive, or is funding available for this loss from another government program?
 Yes No
 if yes, identify the program and amount received or expected: _____

Have you received funding from fundraising events such as those undertaken by organizations such as the Canadian Red Cross?
 Yes No
 if yes, identify the source and amount received: _____

MANDATORY INFORMATION – Failure to complete this section and the appendices may result in your application being assessed as ineligible.

The following **MUST** be submitted with this application. Please tick the box to confirm the documents have been included.

- APPENDIX A – CONFIRMATION OF INSURANCE FORM** – please have your insurance representative fill out this form. If no insurance was held, please provide a written explanation on part 6 (comments) of the form.
- APPENDIX B – PRELIMINARY PRE-EMPTIVE, RESPONSE AND RECOVERY COSTS REQUEST FOR FUNDING INFORMATION** - please fill out this form (if applicable) and include it with your application.
- APPENDIX C – INITIAL SITE DAMAGE REPORT FOR INFRASTRUCTURE DAMAGES** – please fill out this form (if applicable) and include it with your application.
- APPENDIX D – DIRECT DEPOSIT FORM** – please have your bank fill out this form or alternatively you can provide a copy of a void cheque.
- PROOF OF OWNERSHIP** – please provide proof of ownership of the damaged infrastructure. This can be accomplished by providing an official list of local government infrastructure owned and maintained by the applicant such as a boundary map.
- QUOTE** – please provide a quote from an engineer or contractor for any infrastructure or equipment repairs (you can use this quote to fill in the cost estimates on appendices B and C, if applicable).
- PICTURES** – please provide photos from before and after the event of **ALL** damages.

CONSENT TO RELEASE INFORMATION AND DECLARATION

I/We authorize the Government of Newfoundland and Labrador, Emergency Services Division (ESD NL), to disclose all personal information that I/We provide to ESD NL and that ESD NL collects about me/us to other relief organizations, humanitarian agencies and governments that are offering any assistance whatsoever as a result of the disaster. I/We give ESD NL my/our permission to use my/our personal information to fully evaluate my/our post-disaster circumstances, to determine my/our eligibility for disaster financial assistance, and to ensure all sources of assistance to me/us are considered.

DECLARATION I/We do solemnly declare that the foregoing representative statements are to the best of my/our knowledge, information, and belief, true in every particular detail, and I/we make this solemn declaration conscientiously, believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act*.

Signature of Applicant

Date (YYYY/M/D)

Signature of Applicant

Date (YYYY/M/D)

Print Name

Print Name

**TO APPLY PLEASE COMPLETE AND RETURN THIS FORM AND ALL REQUIRED DOCUMENTATION BY MAIL, FAX,
OR E-MAIL TO:**

Department of Forestry, Agriculture and Lands - Emergency Services Division

45 Major's Path, 2nd Floor, P.O. Box 8700, St. John's, NL A1B 4J6

Fax: (709) 729-2524 **E-mail:** NL-DFAP@gov.nl.ca

CONFIRMATION OF INSURANCE FORM

APPENDIX A

This form MUST be completed by an authorized representative of your insurance company when applying for assistance through the Newfoundland and Labrador Disaster Financial Assistance Program (NL-DFAP).

Claimant's Name: _____

Co-Claimant's Name: _____

Claimant's Mailing Address: _____

Address (where damage occurred): _____

Type of Policy Carried: Homeowner's Policy Tenant's Policy Business

Policy Number _____ Name of Insurer: _____

Policy Expiry Date: _____ Name of Brokerage (if applicable): _____

Name of Insurance Representative (if applicable): _____

Contact no: _____

With reference to the policy enforced during the time frame of the emergency event, did the following coverage apply?

1. Fire coverage:

Yes, coverage limit available \$ _____

Not purchased, maximum available to be purchased \$ _____

Not available for purchase by claimant

2. Coverage for food spoilage, freezer or refrigerator damage:

Yes, coverage limit available \$ _____

Not purchased, maximum available to be purchased \$ _____

Not available for purchase by claimant

3. If the answer is yes to any of the above questions, then it is MANDATORY that the loss be reported to the insurance company.

Has a claim been presented to the insurance company? Yes No

Was a claim paid? Yes No

4. If claim paid, how much was paid \$ _____ Deductible Amount \$ _____

Note: If you reported the damage to your insurance company or broker and were advised by the "assigned adjuster" that there was no coverage, please provide a copy of the denial letter issued by your insurance company. If you did not receive a denial letter, please use the comment section below to explain why the claim was denied.

5. Comments:

_____ Signature of Authorized Representative of Insurer	_____ Date
_____ Printed Agent's Name	_____ Agent's Telephone Number

THE APPLICANT ACKNOWLEDGES THAT THE GOVERNMENT MAY VERIFY THE INFORMATION SET OUT IN THIS APPLICATION WITH THE APPLICANTS INSURER

_____ Claimant's Signature	_____ Date
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PRELIMINARY PRE-EMPTIVE, RESPONSE AND RECOVERY COSTS

REQUEST FOR FUNDING INFORMATION

APPENDIX B

This section is for cost estimates and information purposes in order to determine eligibility. If your application is approved, we will require supporting documentation for your claim in order for you to receive payment.

PRE-EMPTIVE EMERGENCY OPERATIONS COSTS

In situations where there is an imminent threat to life and property, and where directives have been issued by the appropriate public authorities, certain pre-emptive actions may be considered eligible for funding. Eligible pre-emptive costs associated with wildfires may include but are not limited to:

- Actions undertaken to increase the defensible space between public or private property and an advancing wildfire (e.g., creating fire breaks to slow the progression of a wildfire threatening a community).
- Measures implemented to temporarily enhance the resiliency of structures (e.g., relocating critical assets, deploying sprinkler systems)
- Activities related to evacuation planning.

Note: Routine activities conducted as part of standard wildfire season preparedness are not eligible. All pre-impact expenditures must be directly attributed to and undertaken in response to a specific and imminent wildfire threat.

Estimated Cost:

Cost Description:

RESPONSE COSTS INITIAL ESTIMATES

Response expenditures incurred within the first year after the disaster are generally considered eligible for funding. Eligible costs associated with wildfires may include but are not limited to:

- **Wildfire response coordination:** Expenses related to the activation and operation of incident command posts, emergency operation centers and emergency coordination centers.
- **Hazard containment and incident stabilization:** Activities required to control the wildfire, prevent further damage, and stabilize affected areas (e.g. structural firefighting costs, temporary security measures or fencing, and emergency demolitions).
- **Emergency support and services:** Activities necessary to provide immediate assistance to individuals affected by the wildfire (e.g. provision of food, clothing, medical supplies, and other essential necessities; transportation of individuals and/or essential goods and supplies; operation of warming or cooling centers; and short-term emergency shelter or housing).
- **Protection of livestock and domestic animals:** activities to protect the life safety of pets, livestock, and other domestic animals (e.g., transportation, feeding, temporary shelter, temporary care).
- **Volunteer coordination and deployment:** Costs associated with managing and supporting volunteer resources (e.g., paid out overtime for response personnel, stipends and travel expenses for volunteers, reimbursement to volunteer organizations for equipment used during response activities, and incremental costs relating to operating a volunteer coordination center).

Estimated Cost:

Cost Description:

RECOVERY COSTS INITIAL ESTIMATES

Recovery expenditures from the onset of the event to the program closure are generally eligible. Eligible recovery costs may include **incremental uninsurable** expenses for:

- **Debris removal and disaster waste management** to remove and safely dispose of disaster debris and hazardous waste from public spaces and infrastructure
- **Repair or replacement of uninsurable assets and essential equipment**
- **Restoration of uninsurable public spaces and infrastructure** including:
 - Roads
 - Bridges
 - Public parks and
 - Protective infrastructure such as permanent firebreaks
- **Recovery coordination** including contracting, communications and monitoring recovery

Estimated Cost:

Cost Description:

PLEASE SEE APPENDIX D FOR INITIAL SITE DAMAGE REPORT TO BE COMPLETED FOR INTRASTRUCTURE DAMAGE.

**INITIAL SITE DAMAGE REPORT FOR
INFRASTRUCTURE DAMAGES
APPENDIX C**

DAMAGED INFRASTRUCTURE COSTS INITIAL ESTIMATE

All recovery projects for damaged infrastructure must be finalized within two years of the onset of the event. Projects cannot be added after this two-year mark. All approved projects must be completed by the program closure date.

Please have a local government official or engineer complete this form.

Legal Name of Local Authority:	Date of Event:
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Cause of damage:

Please identify the location and extent of damage(s) below:

Brief description of the damaged area(s) **prior** to the adverse event:

Brief description of the damaged area(s) **after** the adverse event:

Estimated cost to bring the damaged area(s) back to pre-disaster condition:

Does the damaged infrastructure require mitigation? Yes No

If yes, what is the estimated cost:

APPENDIX D

Provincial Government Increases Use of Direct Deposit for Payments

To process payments more cost-effectively and to reduce the costs associated with cheque processing, the Provincial Government has increased its use of direct deposit and has phased out government-issued cheques. Direct deposit is the preferred payment method for all payments since December 31, 2016.

Direct deposit is a secure, reliable, and cost-effective way to deliver payments, and governments, businesses, and individuals are moving away from traditional forms of payment and by using electronic payments instead.

To register for direct deposit as it relates to the Newfoundland and Labrador – Disaster Financial Assistance Program (NL-DFAP), please have your financial institution complete the information below and return it with your application.

Claimant Name: _____

Mailing Address: _____

Bank Institution Number: _____ Bank Transit Number: _____

Bank Account Number: _____

Please provide a copy of a void cheque or have your bank fill out the form.

***Privacy Notice:** This personal information is being collected for the purpose of facilitating payment of the NL-DFAP under the authority of Section 61(c) of the Access to Information and Protection of Privacy Act. If you have any questions relating to the collection of this personal information, please contact the NL-DFAP line at the contact number indicated below.*

Bank Stamp (if your bank has filled out the form):