



Adjuster's Report # :4 \_\_\_\_\_ K

## Disaster Assistance – Mitigation Funding Application

### Town of Hay River Homeowners and Businesses

Please review and complete this form with a MACA Pathfinder

Resident Homeowner

Business

#### 1. Applicant Information

Business Name (If Any):

First Name:

Last Name:

Telephone:

Other Telephone:

Email address:

#### Physical Address

Street:

Community:

#### 2. Mitigation Planning

Have you reviewed the mitigation options identified in the GNWT Handbook?

Yes  No

Have you had a mitigation consultation? If yes, attach a copy of the report.

Yes  No

Have you had a structural engineering condition assessment? If yes, attach a copy of the report.  Yes  No

Have you had a structural engineering design completed? If yes, attach a copy of the report.  Yes  No

This information is required for participation in MACA's Disaster Assistance Program and will be used to provide you with financial assistance. It is being collected under the authority of the *Access to Information and Protection of Privacy Act* and is protected by the privacy provisions of that same Act. All applicants have the right to examine and request correction of his or her records and to request a review by the Information and Privacy Commissioner. If you have any questions about the collection of your personal information please contact the Corporate Affairs Director, at MACA\_ATIPP@gov.nt.ca or call (867) 767-9162 ext. 21036.



### 3. Mitigation Measures Proposed for Use

There is a maximum of \$75,000 available for mitigation measures as a reimbursement to the client and/or as a direct payment to a contractor.

The mitigation measures proposed must be directly related to actual or potential future damages due to a flood disaster.

No.	Proposed Mitigation	Linkage to Existing Damage	Description of Mitigative Work and Future Expected Damage Prevention	Forecast Cost (attach quotes where possible)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>TOTAL ESTIMATE</b>				

Attach a sheet if necessary to explain your proposed mitigation more fully and/or to increase the number of mitigation measures being proposed beyond the 10 rows in this table.



#### 4. Declaration by Applicant

By signing this form:

- I declare that:
  - ✓ The statements made in this application are, to the best of my knowledge, information, and belief, true, and
  - ✓ I am not asking for assistance for mitigation that is paid for by another source of funding.
- I agree to:
  - ✓ File a mitigation funding claim after the mitigation work has been completed.
  - ✓ Provide MACA with any additional information and documents requested for my claim, no later than 30 days after a written request is sent to me,
  - ✓ Let MACA know if there are any changes to my situation that may change my eligibility or my amount of assistance, and
  - ✓ Repay to the GNWT any payments that I was not eligible to receive.
- I authorize the GNWT to:
  - ✓ Share my information with other departments, governments and organizations that are providing assistance for this disaster, and
  - ✓ Use all information to assess my claim and the application of the Disaster Assistance Policy to my disaster area.
- My consent is valid from the date I signed this form, or in the case that I submitted the form electronically with no signature, from the date I submitted the form. The information contained within related to my property may also be used to determine eligibility of future claims for this property.

**I am applying for approval to implement the mitigation measures identified in this application with an estimated cost of \$\_\_\_\_\_.**

**I am requesting that MACA directly pay the contractor(s) for mitigation measures Nos. \_\_\_\_\_ identified in Section 3 of this application with an estimated cost of \$\_\_\_\_\_.**

**I will complete all work and submit my mitigation funding claim for mitigation measures Nos. \_\_\_\_\_ identified in Section 3 of this application with an estimated cost of \$\_\_\_\_\_ no later than December 31, 2023.**

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Signature of Applicant

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Date (dd/mm/yyyy)



### 5. Approval by MACA

- The applicant is approved to implement the mitigation measures in this application with an estimated cost of \$\_\_\_\_\_.**
- The GNWT will reimburse the applicant for mitigation measures Nos. \_\_\_\_\_ identified in Section 3 of this application with an estimated cost of \$\_\_\_\_\_.**
- The GNWT will directly pay the contractor(s) for mitigation measures Nos. \_\_\_\_\_ identified in Section 3 of this application with an estimated cost of \$\_\_\_\_\_.**

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Name of MACA Representative

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Date (dd/mm/yyyy)

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Title of MACA Representative

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Signature of MACA Representative