

Hazard Assistance and Resilience Program (HARP)

1. Privacy Notice

The personal information collected through the Hazard Assistance and Resilience Program (HARP) application process is used to administer your request for assistance. This collection is authorized by section 4(c) of the *Protection of Privacy Act*. For questions about the collection of personal information, contact the Alberta Emergency Management Agency (AEMA) by email at harp.info@gov.ab.ca.

2. Program Eligibility

To qualify for financial assistance under the HARP, the applicant must satisfy all requirements outlined in the [Alberta Disaster Assistance Directives \(DAD\)](#). Small business applicants may apply for disaster financial assistance upon notification by a Local Authority that a Program with a private sector component has been established.

To be considered a small business applicant, you must meet the following criteria:

- Small Businesses must have yearly gross revenues in the year immediately prior to the disaster of not more than \$15,000,000, as reported for tax purposes. There is no minimum income threshold.
- Small Business must not be a "hobby business" (A hobby business is an undertaking or activity that is not relied on for income).
- Small Business must re-establish operations in the affected community.
- Applications must be made within 90 days of the Program approval date.

Program Name (to be completed by internal AEMA staff only):

3. Business and Damaged Property Information

Business Type (Select one):

- Agriculture Operation or Farm – (complete Section 7 if applicable)
- Religious Institution
- Landlord
- Registered Charity
- Cooperative
- Non-Profit
- Any form of Small Business (e.g., sole proprietorship, partnership, limited corporation, etc.).

Business Details

Legal Business or Organization Name:

Operating (Trade) Name (if different from Legal Name):

Business Registration Number: Incorporation Number (if applicable):

Primary Business Address (Municipal Address)

Business or Organization Municipal Address (full street address): City or Town: Province: Postal Code:

Email Address: Phone Number:

Current Mailing Address (if different from Primary Business Address)

Street Address: City or Town: Province: Postal Code:

Email Address: Phone Number:

Damaged Property Information

The damaged property address refers to the physical location where the loss or damage occurred as a result of the Disaster.

- Same as Mailing Address
- Different from Mailing Address

If different, complete below:

Property Land Description (Plan, Block, Lot – if applicable): Street Address(Municipal):

City or Town: Municipality: Province: Postal Code:

4. Authorized Business Representatives

List individuals who are legally authorized to act on behalf of the business (e.g., owner, director, partner, signing authority).

The authorized business representatives must be listed on all relevant documentation, including, but not limited to, business licenses; farming, non-profit, religious institution, and registered charity or service club documents; and as documented in corporate registries, bank accounts, tax documents, partnership agreements, and any other official records pertaining to the operation, management, or ownership of the entity. Supporting documentation may be required.

If more than three (3) authorized representatives exist, a Case Manager will document additional representatives during application review.

Authorized Representative #1

First Name: Last Name: Title or Role:

Email Address: Phone Number:

Primary Contact for this Application

Authorized Representative #2

First Name: Last Name: Title or Role:

Email Address: Phone Number:

Primary Contact for this Application

Additional Authorized Representatives Exist

5. Property Ownership Status

Do you own or lease the Property where the business operates?

Own Lease Other (specify): _____

Is the Property used exclusively for business purposes? Yes No

If No, explain why the property is not used exclusively for business purposes:

6. Agricultural Applicants Only– Alberta Township System (ATS) Coordinates

Complete this section ONLY if you selected "Agriculture Operation" in Section 3.

Please provide the land location details below:

Municipality	Quarter Section / Legal Subdivision	Section	Township	Range	Meridian

7. Damage & Loss Information

Provide a description of Disaster impact, the type of damage encountered, when and how the damage occurred, as well as any other information specific to damage and loss.

When did loss or damage occur? (DD-MM-YYYY):

How did water enter the business property during the flood? (Check all that apply)

- Overland flooding
- Seepage
- Sewer back-up
- Other, please specify: _____

Summary of Impact from Disaster:

Provide a summary of the impact (damage and loss) caused by the Disaster.

Clean up / Debris Removal:

Have you completed the cleanup process? Yes No

If Yes, provide details, including the cleanup work completed, who performed it, the labour hours involved, and the actions taken:

Other Financial Assistance Received:

Has the business received any financial assistance or insurance payments related to the damage described in this application?

Yes No Partial

If Yes, provide details (source, amount, purpose):

8. Supporting Documentation

To complete your application, supporting documentation will be required. The specific documents needed will depend on your eligibility and the details of your application. Your assigned Case Manager will guide you through the required documentation process for your application.

9. Next Steps

- AEMA will acknowledge receipt of your application.
- A Case Manager will be assigned to you and may contact you for additional information or supporting documentation if necessary.
- Your application will be assessed against the eligibility criteria outlined in the DAD to determine your eligibility. You will be notified of the outcome once a decision has been made.
- Applicants should refer to the DAD for complete information on eligibility, exclusions, and any additional requirements not addressed here.
- For the most up-to-date and comprehensive details, visit the [HARP website](#).

10. Applicant Authorization and Declaration

By signing this application, I/We:

1. Authorization to Obtain Insurance Information

Expressly authorize AEMA, its employees, agents, and representatives to contact, communicate with, and obtain information directly from my/our insurance provider, broker, adjuster, or related third party in connection with any insurance policy, claim, or coverage related to the damage described in this application.

This authorization includes, but is not limited to, the right to obtain information regarding:

- The existence and status of any insurance claim
- Coverage details and policy limits
- Claim determinations
- Payout amounts, partial or full settlements
- Denials or exclusions
- Any other information reasonably required to assess eligibility and calculate assistance under the DAD.

I/We understand that this authorization is required to verify eligibility and prevent duplication of benefits. Failure to provide this authorization or to cooperate with insurance verification may result in denial or reduction of assistance under HARP.

2. Applicant Declaration

I/We declare that all the information provided in this application is true and that any false or incomplete information may result in termination or suspension of assistance, and/or repayment of assistance received.

I/We authorize the Minister of Public Safety and Emergency Services to make publicly available, through the Government of Alberta's Grant Disclosure Portal, the physical address and legal land description of the property where the damage or loss occurred, as required under the DAD.

I/We agree to disclose to AEMA any additional funding received from other sources (e.g., insurance, Red Cross, or other programs) that relates directly or indirectly to this application. I/We understand that failure to disclose such funding may result in overpayment, which I/we will be required to repay.

By checking this box, I/We acknowledge having read and understood the statement above.
This authorization and declaration become effective on the date of signature and remain valid thereafter.

Signature

Date DD-MM-YY

Printed Name of the Applicant

Signature of Applicant

Date DD-MM-YY

Printed Name of the Co-Applicant

Signature of Applicant