Hurricane Sandy
Disaster Recovery Grant Supplement

1. Did your business experience losses, damages and/or interruption as a result of Hurricane Sandy? ☐ Yes ☐ No

2. If yes, describe your loss, damage and/or interruption as a result of Hurricane Sandy: *Including loss of sales revenue, inventory, customers, movable equipment, building damage etc.*

3. Have you applied for any disaster-related assistance from FEMA as a result of damages to your business? ☐ Yes ☐ No

4. If yes, what is your FEMA Registration Number? _____

5. Have you applied for any disaster-related assistance from SBA as a result of damages to your business? ☐ Yes ☐ No

6. If yes, what is your SBA Registration Number? _____

7. What is the approximate total dollar value of your business loss as a result of Hurricane Sandy as of the date of this application? $ _____

8. What financial assistance has been offered, received, rejected, applied for or is pending for Hurricane Sandy business recovery? *List only Sandy-related recovery from sources such as the SBA, City and State programs, banks, alternative lenders, etc.*

Source *(SBA, FEMA, Emergency Loan, etc.)*	***Amount of Financing Awarded***	**Status** *(Offered, Received. Rejected, applied for, pending)*
Total Sandy Related Financing:	0	

9. To what extent did insurance proceeds cover the Sandy-related losses referenced in Question 2?

Source	***Amount of Insurance Proceeds***	**Status** *(Offered, Received. Rejected, Applied for, Pending)*
Total Sandy Related Financing:	0	

10. How much in financial assistance for working capital, physical building repair and/or moveable equipment do you estimate your business needs for Sandy disaster recovery?

Working Capital and Movable Budget	
Staff, payroll and related taxes and benefits	**$**
Building Repair	**$**
Inventory	**$**
Utilities	**$**
Marketing	**$**
Insurance	**$**
Business Taxes	**$**
Movable Equipment	**$**
Total Hurricane Sandy Recovery Working Capital and Equipment Budget	**$** 0

Application Number _____

EQUAL HOUSING OPPORTUNITY

Hurricane Sandy
Disaster Recovery Grant Supplement

IN ORDER FOR THE DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT TO PROCESS THIS APPLICATION, THE BELOW CERTIFICATION MUST BE REVIEWED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE BUSINESS ENTITY SEEKING ASSISTANCE UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT - DISASTER RECOVERY PROGRAM.

CERTIFICATION

Instructions: The Authorized Principal Representative for the business completing this application for the Community Development Block Grant – Disaster Recovery program is required to certify under penalty of perjury the following:

I attest to the best of my knowledge and belief that all information submitted in this application as well as in any supporting documents is accurate and complete. I am aware that the submission of inaccurate or fraudulent information may be grounds for denial or recapture of a grant and/or loan, and may be punishable in civil or criminal proceedings under the State or Federal Law. I understand that any information I give may be investigated and verified. I further understand that the completion of this application in no way neither constitutes approval nor obligates funds in any way.

Furthermore, I acknowledge and understand that:

- DECD has my permission, as required by the Privacy Act, to release information to program partners including Department of Housing (DOH) in connection with the application for a grant, loan or other benefit related to disaster recovery under this Program.
- To allow, any federal, state, or local government agency or authority that has or is providing emergency storm recovery funding for damage sustained as a result of the storms to share its information with DECD and its agents.
- DECD will rely on information supplied in this Certification as an additional inducement to enter into a loan, grant and/or other benefit related to disaster recovery under this Program with my business.
- DECD reserves the right to request any additional information deemed necessary to evaluate the loan eligibility of my business under the Program.

As part of this application, a waiver is provided to the Federal Emergency Management Agency (FEMA), and the Small Business Administration (SBA), to provide Duplication of Benefits Information to the Department of Housing to assist in the determination of the cost effectiveness of my participation.

Any information shared with the State pursuant to the foregoing provision will be considered the personal/financial information of the applicant and will be treated as such under Connecticut's Freedom of Information Act.

_____ _____
Signature Date

_____
Print Name

_____
Title

_____
Business Name

Application Number _____

EQUAL HOUSING OPPORTUNITY