

Preparation of Claim Forms

Disaster Financial Assistance Program

The claims format is designed to help guide the user through the claims process to prepare a straightforward and properly documented claim that can be processed quickly and will result in maximum cost sharing for the local authority and the province.

The following few pages illustrate the use of the Claim Forms guideline.

Evidence

1. Must verify that work was done at a specific disaster damage site and on a specific related function (time sheets, work orders, gravel, haul cards, specific invoices, rental records etc.).
2. Must verify the cost of this work (invoices, payroll records, records of hourly wages, evidence of equipment rates etc.).
3. Organize evidence by site. Attach evidence directly to site specific or non-site specific reports.
4. Attach all supporting documentation together for easy reference (invoices, cheques, employee timesheets, etc.). When one piece of evidence supports work at multiple sites, copy the evidence and attach to each form for each site.
5. Must verify the local authority incurred the expense by paying for the cost of the work (cheques numbers, copies of cancelled cheques over \$2,500, records of direct deposit etc.)
6. Ensure incurred PST is documented on the applicable forms.

Contact Information

Emergency Management Organization
1525-405 Broadway
Winnipeg, MB R3C 3L6
Phone: 945-3050 or toll free at 1-888-267-8298
Fax: 948-2278
Email: dfa@gov.mb.ca



Cover Sheet

Purpose

Designed to be filled in using Microsoft Excel to populate information so that the user doesn't need to enter repeated information on each Claim Form.

The screenshot shows the Microsoft Excel interface with the following content on the 'COVER' sheet:

- Row 3: **Emergency Management Organization**
- Row 4: **Disaster Financial Assistance Claim Forms**
- Row 5: **Cover Sheet**
- Row 8: **Local Authority:** [Greyed out input field]
- Row 10: **Date:** [Greyed out input field]
- Row 12: **Event:** [Greyed out input field]
- Row 15: **▲ Information entered on COVER sheet will automatically populate the subsequent forms. This COVER sheet does not need to be printed or submitted with the claim forms.**
- Row 17: **▲ Click on the tabs below to view the various Claim Forms.**
- Row 18: **▲ Each form can be printed and filled in by hand. Or, enter the data in the appropriate forms and print the completed forms to submit to EMO.**
- Row 20: **▲ View the Preparation of Claim Forms Instruction Guide for additional information.**
- Row 23: **Version: August 2023**

The bottom of the screenshot shows the worksheet tab bar with tabs for 'COVER', 'Summary', and various numbered claim forms (01-06, 05 (2), 06 (2), 05 (3), 06 (3), 05 (4)). A callout box labeled 'Tabs for Claim Forms' points to the 'COVER' tab.

Procedures

- Fill in Local Authority, Date, and Event.

Claim Submission Summary

Purpose

Designed to provide a summary of the site specific claim submitted by the Local Authority.

Disaster Financial Assistance Claim Forms							
CLAIM SUBMISSION SUMMARY					Date:		
Local Authority:				Event:			
Site #	SUBTOTALS					PST	Total
	Supplies / Material	Personnel	Claimant's Equipment	Contractor's Equipment	Contracts		
Note: GST is not eligible and should not be claimed.					Total:		

Procedures

- List site by #'s in numerical order
- List the amount claimed for supplies/materials before PST.
- List the amount claimed for Equipment and Contracts before PST.
- List the PST amount claims for the specific site.
- List the total amount claimed for the specific site. (Total column will calculate automatically if using the electronic version of the Excel forms.)

Claim Form 04 - Other Expenses / Non Site Specific

Purpose

Designed to claim for costs incurred during a disaster, which are not related to damage at a specific site. (These could include many activities such as filling sandbags to be delivered around the municipality, evacuation costs, councilor’s indemnity, pump rental, etc.)

Disaster Financial Assistance Claim Forms						
CF - 04 OTHER EXPENSES / NON SITE SPECIFIC					Date:	
Local Authority:				Event:		
Ref. #	Description / Supplier	Cheque #	Invoice #	Sub-total	PST	Total
Totals:						

Procedures

- Costs for non-site specific activities are subject to the same restrictions and evidence requirements as site specific costs of the same type (i.e. labour, materials, equipment, etc.)
- In the case of councilor’s expenses, please include a copy of the appropriate municipal indemnity-by-law, a copy of the indemnity claim covering the claimed expense, and the cheque number. Payment of these expenses is allowed.
- Claims made on the Non Site Specific Report are subject to the same restrictions as these made on the Site Specific Report using the more detailed format.
- Cost of temporary employees to replace regular staff assigned to disaster work is an eligible cost. Time sheets for both must be submitted. Back filling expenses are only eligible to the extent of regular employee hours on disaster work.
- Indicate PST amounts where applicable.

Claim Form 05 – Short Form “A” (contractor’s equipment - site specific)

Purpose

The Short Forms are designed to group information for repairs to a specific damage site. Where the space will allow, the short forms can accommodate the combined repair information.

Disaster Financial Assistance Claim Forms									
CF - 05 SHORT FORM "A" Site Specific Report								Date: _____	
Local Authority: _____				Event: _____		Site #: _____		Legal Description: _____	
Supplies / Materials									
Ref #	Supplier / Description	(I) (E)*	Cheque #	Invoice #	Qty	Unit Price	Subtotal	PST	Total
Supplies / Materials Totals:									
Contractor's Equipment / Contracts									
Ref #	Supplier	Equipment Type	Cheque #	Invoice #	Rate **	Hou rs	Subtotal	PST	Total
Contractor's Equipment / Contracts Totals:									
* (I) Inventory, (E) Supplied Externally									
** Rate = Invoice Price									
'CF-05' Totals (Supplies/Materials + Contractor's Equipment/Contracts):									

Procedures

- Each site will have been assigned a number at inspection and will be dealt with independently.
- Supply both legal and local descriptions for easy identification.
- The Claim Form Excel Workbook contains multiple sets of CF-05 and CF-06 forms.

Supplies / Material Procedures

- Provide type and description as part of the information of what is being supplied.
- Provide whether taken from inventory (I) or purchased externally (E).
- Provide cheque numbers and photocopies of cancelled cheques if they are over \$2,500.00 for payment of these invoices.

- Provide copies of original paid invoices as proof of purchase. Quantity and unit price of items purchased must be clearly identified.
- Indicate PST amounts where applicable.

Contractor's Equipment / Contracts Procedures

- Invoice amounts for contract (hired) equipment are eligible as long as they do not exceed contractor's normal hourly rate.
- List make, model and type of equipment (i.e. grader or loader) and show rate and number of hours equipment is used for the site.
- Supply cheque numbers (photocopies of cheques if they are over \$2,500 for payment of these invoices).
- Provide invoices for this equipment.
- Indicate PST amounts where applicable.

Claim Form 06 – Short Form “B” (claimant’s equipment - site specific)

Purpose

The Short Forms are designed to group information for repairs to a specific damage site. Where the space will allow, the short forms can accommodate the combined repair information.

Disaster Financial Assistance Claim Forms										Date:	
CF - 06 SHORT FORM "B" Site Specific Report											
Local Authority:			Event:			Site:		Legal Description:			
Claimant's Equipment Usage											
Ref #	Equipment	Operator	Equipment Rate *	Less Operator's Wage	=	Subtotal	x 65% =	Allowable Rate	x	Hours	Total
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
					=		x 65% =		x		
										Claimant's Equipment Usage Total:	
Personnel											
Ref #	Name	(F), (TE) or (TS)**	Cheque #	Eligible Benefits (% of hourly wage)	Regular Hours or Overtime Hours	Rate	Total				
										Personnel Total:	
										'CF-06' Total (Claimant's Equipment Usage + Personnel):	
										'CF-05' + 'CF-06' :	

Procedures

- Each site will have been assigned a number at inspection and will be dealt with independently.
- Supply both legal and local descriptions for easy identification.
- The Claim Form Excel Workbook contains multiple sets of CF-05 and CF-06 forms.

Claimant’s Equipment Usage Procedures

- List the type of equipment and accessories associated with the work completed on each specific site.
- List the name of the equipment operator and ensure they are listed on the CF-03 Personnel Information form with all appropriate information.
- Supply equipment time cards to support your claim for hours at the site and employee overtime.
- Suggested hourly rate for claimant’s equipment can be determined by using the Manitoba Heavy Construction Directory (MHCD) from the current year.

- To claim equipment use at inspected sites, the amount eligible to claim is:

$$[\text{Rate}] - [\text{Operator}] \times 65\% = \text{Claim amount per hour}$$

Example: \$100.00 - \$12.00 = \$88.00

$$\$88.00 \times 65\% = \$57.20 \text{ per hour}$$

Labour Procedure

- Ensure that any employee claimed for is listed with complete information on the CF-03 Personnel Information form.
- Provide time cards, payroll records and cheque numbers (**copy of the cancelled cheque if it is over \$2,500**) for payment of eligible wages.
- Claim for eligible benefits as calculated on the employee information list.
- Provide proof of deposit for direct deposit payment systems.
- Indicate whether employees are full-time (F), temporarily hired specifically for the event (TE) or temporary seasonal (TS).
- Claim overtime hours for regular employees from time cards submitted with equipment claim.
- Claim all hours for employees temporarily hired for the event.
- Banked time is not eligible unless it is paid out as overtime at a later date.