



ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Please complete and include this form along with the Small Business Assistance Grant Program Application. For non-applicable items, please indicate N/A.

Name of Business: _____

Type of Business (i.e., retail, personal service, restaurant): _____

Owner Details

Last Name: _____ First Name: _____

Work Phone: _____ Home Phone: _____

Email: _____

Business Owner Mailing Address

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Business Street Address

Address: _____ Same as Above

City: _____ State: _____ Zip Code: _____ County: _____

Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date?
(If damages are ongoing, enter date of application)

	From:	To:
	<input type="text"/>	<input type="text"/>

What were your businesses' revenues during the affected damage period? _____

What were your businesses' revenues during that **SAME** period of the prior year? _____

Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what adverse economic effects the disaster had on your business:

How many people did you employ prior to disaster? _____ How many do you currently employ (at time of application): _____

Number of employees forecasted to lose: _____



Landlord and Lease Details (if applicable)

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Monthly Rent Amount: \$ _____

Date Form Completed: _____

Form Completed By: _____ Title: _____