ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Accurate responses to the questions below will assist in evaluating a request for an economic injury disaster declaration from the U.S. Small Business Administration.

1.	Name of Property Owner:			
	Name of Property Owner:			
	Business/Property Address:			
	Mailing Address:			
	Telephone Numbers: Business:Home:			
2.	Estimated Adverse Economic Impact			
	Did the disaster economically impact your business? If so, when did $\overline{(month)}$		to	start and end?
	What were your business' revenues during that period?		\$	
	What were your business' revenues during the same period of the prior year? \$			
3.	Amount of business interruption insurance received or anticipated, if	any:	\$_	
4.	Provide a brief explanation of what adverse economic effects the disaster had on your business:			
5.	How many people did you employ prior to the disaster?			
	How many people did you employ after the disaster?			
<u>If your</u>	business also suffered property damage, answer the following ques	stions:		
6.	Estimated dollar loss to:			
	Real property (building), if owned:	\$		
	Contents (machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc):	\$		
7.	Insurance recovery received or anticipated for property damages:	\$		

Signature of Business Owner/Representative

Instructions for Completing the "Estimated Disaster Economic Injury Worksheet for Business"

Item 1

Line 1

Enter the property owner's name. If different than the business name, also enter the business name.

Line 2

If more than one owner, enter the co-owner's name or names

Line 3

Enter the street address of the business location.

Line 4

Enter the mailing address of the business

Line 5

Enter the telephone numbers of the business and owner's home.

Item 2

Line 3

Enter the date that the economic impact to your business due to the disaster started or is estimated to start. Economic impact can be defined as a decrease in revenues from normal levels resulting in decreased gross profit. Then enter the date that revenues and gross profits returned to normal levels. This date may be in the future and will require an estimate.

Line 4

Enter the business' revenues between the two dates you showed

Line 4

Enter the business' revenues between the same two dates of the previous year.

Item 3

Line 1

If you have business interruption insurance to cover losses due to the disaster, enter the amount received or anticipated. Enter zero if none.

Item 4

Line 1

Enter a brief narrative explaining how the disaster affected your business' revenues and operations

Item 5

Line 1

Enter the number of employees, including management and part-time employees, of the business prior to the date of the disaster.

Line 2

Enter the number of employees, including management and part-time employees, of the business after the end of the disaster. This may require an estimate.

Item 6

Line 2

Enter the estimated loss, in dollars, to the building occupied by the business, if owned by the business or an owner of the business.

Line 3

Enter the estimated loss, in dollars, to the contents of the business' building.

Item 7

Line 1

Enter the insurance recovery received or expected for disaster damage to the building and/or contents.

Signature and Date

Provide the signature of the business' owner or representative and enter the date the form was prepared.