



City of Santa Clara

The Center of What's Possible

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

Same as Above

Address: _____

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

Estimated Adverse Economic Impact

When did the impact start and what is the estimated end date?

From: _____

To: _____

(If damages are ongoing, enter date of application)

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: _____



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Landlord and Lease Details (if applicable)

Last Name: _____ First Name: _____

Phone: _____ Email: _____

Monthly Rent Amount: \$ _____

Date Form
Completed: _____

Form Completed By: _____ Title: _____