



ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Please complete and include this form along with the Small Business Assistance Grant Program Application.

Name of Business: _____ Type of Business: _____

Owner Details

Last Name: _____ First Name: _____

Work Phone: _____ Email: _____

Home Phone: _____ Property Owner: _____

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? From: To:

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 did you employ after disaster: _____

Physical Damage to Business Property

If your business also suffered property damage, please answer the following questions:

Estimated dollar loss to: Real Property (Building), if owned: _____

Contents *: _____

* - includes machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc.

Insurance recovery expected or received for property damages: _____

Date Form Completed: _____

Form Completed By: _____ Title: _____