



## 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:

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: \_\_\_\_\_