

Economic Injury Survey Form

(Guide to answering questions on survey form)

The information on the Economic Injury Survey Form is designed to solicit information from your business that will assist us in determining the impact of the disaster in the area where the disaster occurred. If we can identify at least five businesses that have suffered significant and substantial economic injury as a result of this disaster, we may be able to request the Small Business Administration (SBA) to provide disaster assistance. Even if you are not interested in any assistance from the SBA, we would appreciate the survey information be completed. Your information may help us meet the criteria to request an SBA Disaster Declaration thereby possibly helping other businesses that were also affected by the disaster. The information you provide will remain confidential to only those that need access to it.

	Today's date	Enter today's date, not the day of the disaster. Date example: 01-Jan-07
1	Business Name	Please use the business name of the company for which the damages occurred.
2	Contact Name:	Please use the name of the individual that can be contacted to answer additional questions about the survey form.
	Title:	Please insert the title of this contact person, i.e., owner, business manager, accountant, etc.
	Telephone Number:	
	Area Code:	Provide the telephone number of the individual that can answer questions concerning information on the survey form. Please use more than one number if appropriate. Place the three digit Area Code in the first block and the seven digit local number in the Number block>
	Number	
3	Address:	The address of the business where the damages occurred.
4	County	The county in which this business is located
5	Disaster:	
	Date	Please place the date of the primary disaster or first occurrence of the disaster.
	Type	Examples: Tornado, flood, flash flood, hurricane, fire, etc.
6	Choose one that represents this type of business	Place a 'X' in the appropriate block. Do you own or rent the facility that was damaged in the disaster? Choose only one.
7	Does this business have more than one location	If you own more than one business of the same type, check yes, otherwise check no. A similar business would be owning two or three fruit markets under the same name, i.e., "Dan's Fruit Stand". (If more than one location, all the answers below must include the information for all locations under the same business name). Choose only one.
8	Fiscal year under which business operates:	This information is for the previous year. If your business operates on a calendar year basis, the date placed in the block would be 01/01/01 to 12/31/01. If your business year runs from 01/07/X1 to 06/30/X2, those are the dates that should be included here.
9	Last fiscal year's gross sales (income) - for dates in item 8	This question relates to question 8. For the period covered in question 8, what were the gross sales (income) for the previous year.
10	Gross sales (income) this fiscal year to date of disaster	What were your gross sales from the beginning of the period (the date placed in question 8) up to the date of the disaster. For example, if you placed the date January 1, 2006 to December 31, 2006, in block 8, and the disaster occurred on July 21, 2006, the gross sales to place in this block would cover the period from January 1, 2006 to July 21, 2006.
11	Gross Sales from disaster date until today	Enter the gross sales (income), if any, generated from the date of the disaster to the time you are completing this report. Include gross sales (income) from all businesses organized under this same business name.
12	Estimated date when business will return to normal	Provide your best estimate when your business will return to normal operations. If unsure, provide your best estimate. Enter month/day/year, example 12/31/07
13	Gross sales (income) forecast from disaster date to end of fiscal year	Enter the estimated gross sales from the date of the disaster (line 5) until the end of the fiscal year (specified on line 8). This is an estimate of the amount of sales or income the business will generate, after the business recovers from the disaster as indicated in block 12, until the end of the fiscal year.
14	Estimate amount of business interruption insurance	Did you have any business interruption insurance that will cover your losses for this disaster event. If you do, please provide the amount of insurance coverage. If the business interruption insurance does not cover all losses, please provide the amount of the loss covered by the insurance.
15	How many people were employed	
	Prior to disaster	How many people did you employ: How many workers were employed by the business before the disaster.
	After the disaster	How many people did you employ: How many workers were employed by the business after the disaster.

16	Is credit available to the business at this time	Does the business have credit available through any lending institutions at this time. Place an 'X' in the yes or no. Choose only one.
17	Provide a brief explanation of the adverse economic effects the disaster had on this business	Provide a brief explanation of the adverse economic effects of the disaster on the business. This may include such items as workers that were laid off, cannot meet payroll, cannot pay for mortgage or inventory, etc.
18	Additional comments	List any and all additional comments. You can use additional sheets of paper if needed.

ECONOMIC INJURY SURVEY FORM

Today's date:

1. Business Name:		<input style="width: 100%;" type="text"/>					
2. Contact	Name:	<input style="width: 100%;" type="text"/>			Title:	<input style="width: 100%;" type="text"/>	
Telephone Number:		Area Code:	<input style="width: 50px;" type="text"/>	Number:	<input style="width: 150px;" type="text"/>		
3. Address of Business:		<input style="width: 100%;" type="text"/>					
4. County:		<input style="width: 100%;" type="text"/>					
5. Disaster	Date	<input style="width: 100%;" type="text"/>			Type:	<input style="width: 100%;" type="text"/>	
6. Choose one that represents this type of business:		Owner:	<input style="width: 50px;" type="text"/>	Renter:	<input style="width: 50px;" type="text"/>		
7. Does this business have more than one location		Yes:	<input style="width: 50px;" type="text"/>	No:	<input style="width: 50px;" type="text"/>		
8. Fiscal year under which business operates:		<input style="width: 50px;" type="text"/>	to	<input style="width: 50px;" type="text"/>	Examples: 01/01/XX to 12/31/XX, 07/01/X1 to 06/30/X2		
9. Last fiscal year's gross sales (income) - for dates in item 8:							<input style="width: 100%;" type="text"/>
10. Gross sales (income) this fiscal year to date of disaster:							<input style="width: 100%;" type="text"/>
11. Gross sales from disaster date until today:							<input style="width: 100%;" type="text"/>
12. Estimated date when business will return to normal (mo/day/yr)?					<input style="width: 100%;" type="text"/>		
13. Gross sales (income) forecast from disaster date to end of fiscal year:							
14. Estimate amount of business interruption insurance?							<input style="width: 100%;" type="text"/>
15. How many people were employed?			Prior to disaster:		<input style="width: 100%;" type="text"/>		
			After the disaster:		<input style="width: 100%;" type="text"/>		
16. Is credit available to the business at this time:		Yes:	<input style="width: 50px;" type="text"/>	No:	<input style="width: 50px;" type="text"/>		
17. Provide a brief explanation of the adverse economic effects the disaster had on this business:							
18. Additional comments:							