

ESTIMATED COVID-19 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.

Board of Supervisors District: _____

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? _____ From: _____ To: _____
(If damages are ongoing, enter date of application)

What is your business' annual revenues? _____

What are the total **eligible** unfunded expenses your business has because of the COVID-19 pandemic? _____

What dollar amount are you requesting from the Small Business Assistance Grant Program? _____

Amount of business interruption insurance received or anticipated, if any: _____

Please provide a brief explanation of what COVID-19 related expenses your business has incurred during the stated impact period. **Please include documentation that substantiates these expenses. (See FAQ Question 13) Remember, only COVID-19 related payroll, rent/ lease, or personal protective equipment expenses qualify:**

How many people did you employ prior to disaster? _____ How many do you currently employ at time of application? _____

(See FAQ Question 12)

Number of employees forecasted to lose: _____

Landlord and Lease Details (if applicable)

Last Name: _____

First Name: _____

Phone: _____

Email: _____

Monthly Rent Amount: \$ _____

Form Completed By: _____

Title: _____

Date Form Completed: _____
