



CARES Small Business Assistance Program

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

Please complete this form to determine if your business has experienced a loss of income due to COVID-19. This form does not need to be submitted as part of your application.

Name of Business: _____

Type of Business (i.e., retail, personal service, restaurant): _____

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: _____