ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET
FOR BUSINESSES

Accurate responses to the questions below will assist in evaluating a request for an economic injury disaster declaration from the U.S. Small Business Administration.

1. Name of Property Owner: _________________________________________________________

   Name of Property Owner: _________________________________________________________

   Business/Property Address: ________________________________________________________

   Mailing Address: ________________________________________________________________

   Telephone Numbers: Business: _____________ Home: __________________________

2. Estimated Adverse Economic Impact

   Did the disaster economically impact your business? If so, when did the impact start and end?
   (month/year)   to   (month/year)

   What were your business’ revenues during the period? $_______________

   What were your business’ revenues during the same period of the prior year? $________________

3. Amount of business interruption insurance received or anticipated, if any: $_______________

4. Provide a brief explanation of what adverse economic effects the disaster had on your business:
   ____________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

5. How many people did you employ prior to the disaster? _____________________

   How many people did you employ after the disaster? _____________________

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

6. Estimated dollar loss to:

   Real property (building), if owned: $_______________

   Contents (machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc): $ ____________________

7. Insurance recovery received or anticipated for property damages: $_______________

Signature of Business Owner/Representative _____________________ Date _____________________

Please Email Completed Forms to: james.laipply@development.ohio.gov
If you have questions please call 614-466-6581
Instructions for Completing the
“Estimated Disaster Economic Injury Worksheet for Business”

**Item 1**

Line 1
Enter the property owner’s name. If different than the business name, also enter the business name.

Line 2
If more than one owner, enter the co-owner’s name or names.

Line 3
Enter the street address of the business location.

Line 4
Enter the mailing address of the business.

Line 5
Enter the telephone numbers of the business and owner's home.

**Item 2**

Line 3
Enter the date that the economic impact to your business due to the disaster started or is estimated to start. Economic impact can be defined as a decrease in revenues from normal levels resulting in decreased gross profit. Then enter the date that revenues and gross profits returned to normal levels. This date may be in the future and will require an estimate.

Line 4
Enter the business’ revenues between the two dates you showed.

Line 4
Enter the business’ revenues between the same two dates of the previous year.

**Item 3**

Line 1
If you have business interruption insurance to cover losses due to the disaster, enter the amount received or anticipated. Enter zero if none.

**Item 4**

Line 1
Enter a brief narrative explaining how the disaster affected your business’ revenues and operations.
**Item 5**
Line 1
Enter the number of employees, including management and part-time employees, of the business prior to the date of the disaster.

Line 2
Enter the number of employees, including management and part-time employees, of the business after the end of the disaster. This may require an estimate.

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**Item 6**
Line 2
Enter the estimated loss, in dollars, to the building occupied by the business, if owned by the business or an owner of the business.

Line 3
Enter the estimated loss, in dollars, to the contents of the business' building.

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**Item 7**
Line 1
Enter the insurance recovery received or expected for disaster damage to the building and/or contents.

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**Signature and Date**
Provide the signature of the business' owner or representative and enter the date the form was prepared.