ECONOMIC INJURY SURVEY FORM Today's date:									
1. Business N	Name:				roddy o c	acto.			
2. Contact	Name:						Title:		
Telephone N		Area Co	de:		Num	nber:	THIO.		
3. Address o	f Business			,		,			
4. County:									
5. Disaster Date						Type:			
6. Choose or this type of b	usiness:			Owner	:		Renter		
more than or	<ul><li>7. Does this business have more than one location</li><li>8. Fiscal year under which</li></ul>			Yes			No:	Example	es: 01/01/XX to 12/31/XX,
business ope					to				7/01/X1 to 06/30/X2
10. Gross sa 11. Gross sa 12. Estimate 13. Gross sa 14. Estimate 15. How mar 16. Is credit business at to 17. Provide a	les from d d date whe les (incom amount o	isaster daten busines  ie) forecas f business were emplo	e until toda s will return t from disas interruption byed?	y:  I to normal ster date to n insurance Yes	(mo/day/so end of fise)  Prior to  After the	disaster:	No: er had on this	business:	
18. Additiona	al commer	nts:							

## **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.

rema	in 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				
	Number	the three digit <b>Area Code</b> in the first block and the seven digit local number in the <b>Number</b> block>				
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.				
	Туре	Examples: Tornado, flood, flash flood, hurricane, fire, etc.				
6	Choose one that represents this	Place a 'X' in the appropriate block. Do you own or rent the facility that was damaged in				
0	type of business	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.				
	Last fiscal year's gross sales	This question relates to question 8. For the period covered in question 8, what were the				
9	(income) - for dates in item 8	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 Ssales 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				
	1 2002 Service	Enter the estimated gross sales from the date of the disaster (line 5) until the end of the				
13	Gross sales (income) forecast from disaster date to end of fiscal year	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		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	adverse economic effects the	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.