ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR NON-PROFITS

Please complete and include this form along with the 2020 COVID-19 Relief: Recovery Grant Program Application. For non-applicable items, please indicate N/A.

Name of Organization: _____

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

Director Last Name:_____ Director First Name: _____

Work Phone: _____ Email: _: _____

Address: _____

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 were your organizations' revenues during the affected damage period? _____

What were your organizations' 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: _____

Landlord and Lease Details (if applicable)

Last Name:_____ First Name: _____

Phone:_____ Email: _____

Monthly Rent Amount: $_____ Form Completed By:_____

Date Form Completed: _____