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Sent: Wednesday, March 18, 2020 3:58 PM
To: MSU-EXT-cityclerks
Subject: MEMA Form to Distribute to Small Businesses
Attachments: Estimated Disaster Economic Injury Worksheet.pdf; How to Request a SBA EIDL Declaration_Updated_03_11_2020 original.pdf

Municipal Clerks,

Below is information about data MEMA needs to request an Economic Declaration from the SBA. Possibly consider using your privilege license list to get information in the hands of small business owners in your communities. Questions about this should be directed to Todd DeMuth at MEMA.

MEMA is gathering information on the economic loss to small businesses throughout the state as a result of the COVID-19 outbreak. We are collecting this information so that Mississippi may request an Economic Injury Declaration from the Small Business Administration to aid in the economic loss suffered as a result of the COVID-19 event.

Attached are two documents. First is the actual worksheet. Second is an instruct sheet. Please disseminate this worksheet and instructions to any small business within your respective counties that may have suffered economic hardship as a result of the response efforts of the COVID-19 event. After business owners complete these worksheets, they can submit them directly to the MEMA State Coordinating Officer Todd DeMuth, for inclusion into the SBA declaration request.

There is a deadline of April 1, 2020 to have forms submitted to Todd at MEMA

Todd DeMuth

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MISSISSIPPI STATE UNIVERSITY™
EXTENSION

ESTIMATED DISASTER ECONOMIC INJURY WORKSHEET FOR BUSINESSES

This form is not required, but is a convenience in clarifying the supporting documentation the state is required to submit to the U.S. Small Business Administration when requesting an Economic Injury Disaster Loan Declaration. This information in any other format would also be acceptable. For your convenience, this form may be filled out electronically or manually.

Name of Business: _____ Type of Business: _____

Owner Details

Last Name: _____ First Name: _____

Work Phone: _____ Email: _____

Home Phone: _____ Property Owner: _____

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:

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 did you employ after disaster: _____

Physical Damage to Business Property

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

Estimated dollar loss to: Real Property (Building), if owned: _____
Contents *: _____

* - includes machinery and equipment, furniture and fixtures, inventory, leasehold improvements, etc.

Insurance recovery expected or received for property damages: _____

Date Form Completed:

Form Completed By: _____ Title: _____

**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.

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.

Item 7

Line 1

Enter the insurance recovery received or expected for disaster damage to the building and/or contents.

Signature and Date

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