



U.S. Small Business
Administration

404-331-0333 | www.sba.gov

Field Operations Center East | 101 Marietta Street NW, Suite 700 | Atlanta, Georgia 30303-2725

How to Request a SBA EIDL Declaration

The Governor may request an SBA Economic Injury Declaration by certifying:

1. At least five (5) businesses in the disaster area suffered SUBSTANTIAL ECONOMIC INJURY as a result of the incident; and
2. The degree of Economic Injury suffered is so severe that financial assistance, at reasonable rates and terms is not otherwise available, thereby creating the necessity for Federal involvement in the form of subsidized loans; and
3. The Governor's certification must be received by the SBA Field Office Center East Office within 120 days of the incident period and must be accompanied by supporting documentation of individual small businesses; general industry statistics are not acceptable.

Businesses can only seek assistance for economic injury (not physical damage) as a result of the incident. Substantial economic injury occurs when a business concern is unable to meet its obligations as they mature or to pay its ordinary and necessary operating expenses.

Establishing economic injury is a comparison between the financial information from the period in the prior year to the injury period of the current year (this period must be associated to the disaster and cannot be attributed to a downturn in local economy or other unrelated issues. For example, if a water line break closed the business, and the business was not able to be re-established for two months, the business should consider how long it will take for things to normalize. If it's three months, the analysis should show the financial data for the same three months of last year and the anticipated financial data for the same period this year. The loans are not intended to replace lost sales or profits, rather they are intended to pay fixed debts, payroll, accounts payable, and other expenses that could have been paid had the disaster not occurred. Analyzing a drop in sales, the length of time the business will be impacted, the type of business and typical business cycle of the industry, provides the SBA with the requisite data needed to determine if the economic injury is considered substantial.

Enclosed is documentation needed for the Governor to request an SBA Economic Injury Declaration.

The first document is an Estimated Disaster Economic Injury Worksheet. The State may use this form to assist in gathering the information from individual businesses to determine if there is sufficient economic injury to request a declaration. The State sends this form to the County Emergency Manager for completion by each business. *An instruction sheet for this form is also enclosed.*

The information from the Estimated Disaster Economic Injury Worksheet is used to complete the second document, Governor's Certification of Economically Injured Small Businesses by County.

The third document is also a Governor's Certification of Economically Injured Small Businesses by County, but includes the Percent of Economic Loss for each business.

Only submit the second and third document along with the Governor's request letter. We have included a sample Governor's request letter for an SBA Economic Injury Declaration.

Please address your SBA request letter to Kem R. Fleming, Director (*use address in letterhead above.*)

For more information, please contact:

Kem Fleming, Director kem.fleming@sba.gov	(404) 331-0333 ext. 2174 (404) 655-3780 SBA Cell
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**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?

_____ to _____
(month/year) (month/year)

What were your business' revenues during that 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

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.

GOVERNOR'S CERTIFICATION OF ECONOMICALLY INJURED SMALL BUSINESSES BY COUNTY

Business Name & Address Contact Name Phone Number	Gross Income (Last Fiscal Yr.) (Indicate Month & Year)	Gross Income (Current Fiscal Yr. To Disaster) (Indicate Specific Date)	Gross Income Forecast (Disaster to Fiscal Yr. End)	Estimate Insurance Recovery (Business Interrupt Only)	Estimated date when operations return to Normal (Indicate Specific Date)
1 () -	Fiscal Yr. From _____ To _____ \$	From _____ To _____ \$	\$		
2 () -	Fiscal Yr. From _____ To _____ \$	From _____ To _____ \$	\$		
3 () -	Fiscal Yr. From _____ To _____ \$	From _____ To _____ \$	\$		
4 () -	Fiscal Yr. From _____ To _____ \$	From _____ To _____ \$	\$		
5 () -	Fiscal Yr. From _____ To _____ \$	From _____ To _____ \$	\$		

There must be at least one sample business for each county (or political subdivision no larger than a county) which the Governor is requesting be included in the declaration, and there must be at least five businesses total. If the request is for one county, there must be at least five businesses within that county. If six counties are being requested, there must be at least six businesses with at least one in each of the six counties. Note that industry standards are of no value in establishing economic injury for declaration request purposes.

**GOVERNOR'S CERTIFICATION OF
ECONOMICALLY INJURED SMALL BUSINESSES
BY COUNTY**

Business Name and Address	County	Gross Income <small>(Immediate Past Year or Other Time Period)</small>	Gross Income Disaster Year or other period <small>(Actual or Projected)</small>	Percent Of Loss
1.		Period covered: From _____ To _____ \$ _____	Period covered: From _____ To _____ \$ _____	
2.		Period covered: From _____ To _____ \$ _____	Period covered: From _____ To _____ \$ _____	
3.		Period covered: From _____ To _____ \$ _____	Period covered: From _____ To _____ \$ _____	
4.		Period covered: From _____ To _____ \$ _____	Period covered: From _____ To _____ \$ _____	
5.		Period covered: From _____ To _____ \$ _____	Period covered: From _____ To _____ \$ _____	

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Governor's Seal /Letterhead

Month date, year

Kem R. Fleming, Director
U.S. Small Business Administration
Office of Disaster Assistance
Field Operations Center East
101 Marietta Street NW, Suite 700
Atlanta, GA 30303-2725

Dear Mr. Fleming,

Under provisions of Title 13 C.F.R. Part 123.3, I respectfully request that the Administrator of the U.S. Small Business Administration (SBA) implement a Small Business Administrative declaration to provide assistance in the form of SBA Economic Injury Disaster Loans for (*county/counties*) following (*incident, date of incident*).

(Insert Summary of Incident and Impact on businesses)

A survey of these affected businesses was conducted to determine the economic impact of their losses, for the disaster period as compared to the same period in the preceding year. Based upon these surveys, I certify that at least five small businesses in the disaster area have suffered substantial economic injury as a result of the disaster and are in need of financial assistance not otherwise available on reasonable terms.

If you need additional information, please contact (*name, title*) at (*phone number*) or (*email address*).

Sincerely,

(name)
Governor