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| **Quick Cash Loss Calculation** |  |  |  |  |
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|  |  |  |  |  |  |
|  | **Daily:** |  |  |  |  |
|  |  |  |  |  |  |
|  | Typical Daily Sales/Revenues | x | # of Days Closed | x | Total Estimated Revenue Lost  |
|  |   | x |   | = |   |
|  |  |  |  |  |  |
|  | **OR** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Monthly:** |  |  |  |  |
|  |  |  |  |  |  |
|  | Monthly Sales Revenue | x | # of Days Closed | x | Total Estimated Revenue Lost  |
|  |   | x |   | = |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | NOTES: |  |  |  |  |
|  |   |   |   |   |   |
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**FAMILY/PERSONAL BUDGET**

|  |  |
| --- | --- |
| Expense | **Monthly Amount** |
| Auto Fuel | $ |
| Auto Insurance | $ |
| Auto Payment | $ |
| Auto Repair & Maintenance (tires, oil changes, etc.)  | $ |
| Cable TV | $ |
| Charity | $ |
| Child Care | $ |
| Clothing | $ |
| Credit Card Payments | $ |
| Dues & Subscriptions | $ |
| Electricity | $ |
| Entertainment | $ |
| Gifts | $ |
| Groceries | $ |
| Health Insurance | $ |
| Heat (gas, oil, etc.) | $ |
| Home Repair | $ |
| Household Expenses | $ |
| Internet | $ |
| Laundry & Dry Cleaning | $ |
| Life Insurance | $ |
| Medical & Dental | $ |
| Miscellaneous | $ |
| Mortgage Payment | $ |
| Personal Care (hair, etc.) | $ |
| Property Taxes | $ |
| Other Debt | $ |
| Rent | $ |
| Retirement | $ |
| Savings | $ |
| School Expenses | $ |
| Telephone & Cell | $ |
| Tuition | $ |
| Vacations | $ |
| Vet/Pet | $ |
| Water & Sewer | $ |
| Other: | $ |
| Other: | $ |
| Total | $ |
|  |  |
| Subtract: Other Family Members’ Contributions | $ |
|  |  |
| Your Needed Contribution | $ |

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| --- | --- | --- |
| **Key Stakeholders** |  |  |
|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name: | Relationship:  |   |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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| **Key Stakeholders** |  |  |
|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: | Relationship:  |   |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: | Relationship:  |  |
|  |  |  |
| Contact #: | email: |  |
| Contacted: Yes No |  |  |
| Actions/Notes: |  |  |
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| **Aged Accounts Payable** |  |  |  |  |  |  |
|  |  | **Amount Due** |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Vendor** | **0-30** | **31-60** | **61-90** | **90+** | **Total** |  |
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| **SUBTOTAL (page 1)** |  |  |  |  |  |  |
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| **Aged Accounts Payable** |  |  |  |  |  |  |
|  |  | **Amount Due** |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Vendor** | **0-30** | **31-60** | **61-90** | **90+** | **Total** |  |
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| **SUBTOTAL (page 2)** |  |  |  |  |  |  |
| **SUBTOTAL (page 1)** |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |  |
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| --- | --- | --- |
| **Employee Action List** |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| **Employee Action List** |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Name: |  |  |
| Job Title/Function: |  |  |
| Contact #: | email: |  |
| Keep: Lay Off: Plan to Rehire: Referred to Unemployment: to DUA: |  |
| Actions/Notes: |  |  |
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| --- | --- | --- |
| **Vendor Orders to Cancel** |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| --- | --- | --- |
| **Vendor Orders to Cancel** |  |  |
|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Vendor: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| --- | --- | --- |
| **Custom and/or Standing Customer Orders to Cancel** |  |  |
|  |  |  |
| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| **Custom and/or Standing Customer Orders to Cancel** |  |  |
|  |  |  |
| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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|  |  |  |
|  |  |  |
| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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| Customer: |  |  |
| Description of Order: |  |  |
| Contact #: | email: |  |
| Canceled: Yes No |  |  |
| Actions/Notes: |  |  |
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**Reconstructing Your Financial Records (This material is adapted from IRS.gov.)**

**Business Records**

* Inventories – Get copies of invoices from suppliers. Whenever possible, the invoices should date back at least one calendar year.
* Income – Get copies of bank statements. The deposits should closely reflect what the sales were for any given time period.
	+ Obtain copies of last year’s federal, state, and local tax returns including sales tax reports, payroll tax returns and business licenses (from city or county). These will reflect gross sales for a given time period.
* Furniture and fixtures – Sketch an outline of the inside and outside of the business location. Then start to fill in the details of the sketches. (Inside the building — What equipment was where? If a store, where were the products/inventory located? Outside the building — shrubs, parking, signs, awnings, etc.)
* Building – If you purchased an existing business, go back to the broker for a copy of the purchase agreement. This should detail what was acquired.
	+ If the building was constructed for you, contact the contractor for building plans or the county/city planning commissions for copies of any plans.
* Tax records – Immediately after the casualty, file Form 4506, Request for Copy of Tax Return, to request copies of the previous four years of income tax returns. To obtain copies of the previous four years of transcripts you may file a Form 4506-T, Request for Transcripts of a Tax Return. Write the appropriate disaster designation (such as “HURRICANE KATRINA”) in red letters across the top of the forms to expedite processing and to waive the normal user fee.
* Insurance Policy – Most policies list the value of the building to establish a base figure for replacement-value insurance.
	+ If you are unsure how to reach your insurance company, check with your state insurance department. [http://www.naic.org/state\_web\_map.htm](http://apps.irs.gov/app/scripts/exit.jsp?dest=http://www.naic.org/state_web_map.htm)
* Vehicles – Kelley’s Blue Book, NADA and Edmunds are available on line and at most libraries. They are good sources for the current fair market value of most vehicles on the road.
	+ Call the dealer and ask for a copy of the contract. If not available, give the dealer all the facts and details and ask for a comparable price figure.
	+ If you’re still making payments, check with your lien holder.

**For assistance and additional information, use these resources:**

* IRS Disaster Assistance Hotline at 1-866-562-5227 (Monday through Friday, from 7 a.m. to 10 p.m. local time)
* IRS Publication 2194, Disaster Resource Guide for Individuals and Businesses
* IRS Publication 584, Casualty, Disaster, and Theft Loss Workbook – This can help individuals make a list of stolen or damaged personal-use property and figure the loss. It has a room-by-room listing to help recreate an inventory and figure the loss on one’s home and its contents and one’s motor vehicles.
* IRS Publication 584-B, Business Casualty, Disaster, and Theft Loss Workbook – This is available to help businesses list stolen or damaged business or income-producing property and to figure the loss.
* Your tax professional

**NOTES:**

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| **Aged Sales Forecast and Accounts Receivable Chart** |  |  |  |  |
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| **Sales** | **0-30** | **31-60** | **61-90** | **90+** | **Total** |  |
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| **Total Sales** |  |  |  |  |  |  |
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| **Accounts Receivable** | **0-30** | **31-60** | **61-90** | **90+** | **Total** |  |
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| **SubTotal Accounts Receivable** |  |  |  |  |  |  |
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| **Aged Sales Forecast and Accounts Receivable Chart** |  |  |  |  |
|  |  |  |  |  |  |  |
| **Accounts Receivable** | **0-30** | **31-60** | **61-90** | **90+** | **Total** |  |
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| **SubTotal Accounts** |  |  |  |  |  |  |
|  **Receivable (page 2)** |  |  |  |  |  |  |
| **SubTotal Accounts**  |  |  |  |  |  |  |
| **Receivable (page 1)** |  |  |  |  |  |  |
| **SubTotal Sales** |  |  |  |  |  |  |
| **TOTAL SALES & AR** |  |  |  |  |  |  |
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| **Recovery Goals Worksheet** |  |  |  |  |
|  |  |  |  |  |
| Business Goal  | To Do | By When | By Whom |  |
|  |  |  |  |  |
| e.g., re-evaluate product lines | create sales by product list | xx/xx | Sales Manager |  |
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| **Recovery Goals Worksheet** |  |  |  |  |
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| Business Goal  | To Do | By When | By Whom |  |
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| e.g., re-evaluate product lines | create sales by product list | xx/xx | Sales Manager |  |
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| **Recovery Plan Worksheet** |  |  |  |
|  |  |  |  |  |
| Business Activity  | Recovery Action | To Do | By When | By Whom |
|  |  |  |  |  |
| e.g., close for 1 month | temp layoff | notify employees | xx/xx | me |
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| **Recovery Plan Worksheet** |  |  |  |
|  |  |  |  |  |
| Business Activity  | Recovery Action | To Do | By When | By Whom |
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| e.g., close for 1 month | temp layoff | notify employees | xx/xx | me |
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| **Cost Estimations for Reopening** |  |  |
|  |  |  |
| **Expense** | **$** | **Explanation** |
| Cleanup |  | All costs related to cleanup (make separate list if necessary) |
| Advertising |  | Promotion for reopening the business |
| Inventory Replacement |  | The amount of inventory needed to be replaced |
| Building Construction |  | The amount per contractor bid and other |
| Furniture and Fixtures |  | Use actual bid on all F & F  |
| Equipment |  | Use actual bid on all equipment  |
| Installing Fixtures and Equipment |  | Use actual bids and other  |
| Lease/Rent Payment |  | Amount to be paid before reopening in new location |
| Licenses and Permits |  | Check with city or state offices  |
| Miscellaneous |  | All other  |
| Professional Fees |  | Include CPA, attorney, engineer, etc. |
| Remodeling/Decorating |  | The amount per contractor bid and other |
| Services |  | Cleaning, etc.  |
| Signs |  | The amount per contractor bid and other |
| Supplies |  | Office, cleaning, etc. supplies  |
| Unanticipated Expenses |  | Include an amount for the unexpected |
| Other |  |   |
| Other |  |   |
| Other |  |   |
| **TOTAL START-UP DOLLARS** |  | Total amount of costs before reopening  |

**NOTES:**

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| **Quick 3 Month Cash Flow****Quick Cash Needs Assessment - 90 days** |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **Month 1** | **Month 2** | **Month 3** | **TOTAL** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Total Income** |   |   |   |   |  |  |  |  |
|  | **Total Cost of Goods Sold (COGS)** |   |   |   |   |  |  |  |  |
| **Gross Profit** |  |  |   |   |   |   |  |  |  |  |
|  | **Expense** |  |  |  |  |  |  |  |  |  |
|  |  | **Advertising & Marketing** |   |   |   |   |  |  |  |  |
|  |  | **Credit Card Processing Fees** |   |   |   |   |  |  |  |  |
|  |  | **Dues and Subscriptions** |   |   |   |   |  |  |  |  |
|  |  | **Liability Insurance** |   |   |   |   |  |  |  |  |
|  |  | **Loan # 1** |   |   |   |   |  |  |  |  |
|  |  | **Loan # 2 (Bank)** |   |   |   |   |  |  |  |  |
|  |  | **Loan # 3** |   |   |   |   |  |  |  |  |
|  |  | **Office Expenses** |   |   |   |   |  |  |  |  |
|  |  | **Payroll**  |  |   |   |   |   |  |  |  |  |
|  |  | **Payroll Taxes** |   |   |   |   |  |  |  |  |
|  |  | **Owners Draw** |   |   |   |   |  |  |  |  |
|  |  | **Accounting** |   |   |   |   |  |  |  |  |
|  |  | **Legal Fees** |   |   |   |   |  |  |  |  |
|  |  | **Rent** |  |   |   |   |   |  |  |  |  |
|  |  | **Repairs and Maintenance** |   |   |   |   |  |  |  |  |
|  |  | **Taxes** |  |   |   |   |   |  |  |  |  |
|  |  | **Telephone** |   |   |   |   |  |  |  |  |
|  |  | **Utilities** |   |   |   |   |  |  |  |  |
|  | **Total Expense** |   |   |   |   |  |  |  |  |
| **Profit/Loss**  |  |  |   |   |   |   |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Cash on Hand** |   |  |  |  |  |  |  |  |
|  | **P/L Month #1** |   |  |  |  |  |  |  |  |
|  | **P/L Month #1** |   |  |  |  |  |  |  |  |
|  | **P/L Month #1** |   |  |  |  |  |  |  |  |
|  | **Total Cash Flow Projected** |   |  |  |  |  |  |  |  |

**NOTES:**

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| **Grants and Alternative Funding Sources List** |  |
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| Name of Source: |  |
| Contact #: | email: |
| Address: |  |
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| Applied Required?: Yes No Completed & Sent: |
| Application Requirements/Notes: |  |
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| Received $ Date: |  |
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| Name of Source: |  |
| Contact #: | email: |
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| Applied Required?: Yes No Completed & Sent: |
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| Received $ Date: |  |

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| **Sources and Use Worksheet** |  |
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| **Sources of Financing** | **$** |
| Investment of Cash by Owner #1 |   |
| Investment of Cash by Owner #2 |   |
| Bank Loans to Business (short-term) |   |
| Bank Loans to Business (long-term) |   |
| Bank Loans (personal) |   |
| SBA Disaster Loan |   |
| Grant #1 |   |
| Grant #2 |   |
| Grant #3 |   |
| Donations |   |
| Other |   |
| Other |   |
| Total Sources of Financing |   |
|  |  |
| Uses of Financing | **$** |
| Land |   |
| Buildings |   |
| Equipment |   |
| Remodeling |   |
| Inventory |   |
| Cleanup |   |
| Working Capital  |   |
|   |   |
| Other |   |
| Total Uses of Financing |   |

**NOTES:**

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| **Jobs Needed to Reopen Worksheet** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Job Title/Description | Current Employee | Returning Employee | New Employee | # of hours | Salary/Hourly Wage | Confirmed |
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| **Jobs Needed to Reopen Worksheet** |  |  |  |  |  |
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| Job Title/Description | Current Employee | Returning Employee | New Employee | # of hours | Salary/Hourly Wage | Confirmed |
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| **Local Business Assessment** |  |  |
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| **Business** | **Open** | **Closed** | **Date Reopening** |
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| **Local Business Assessment** |  |  |
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| **Business** | **Open** | **Closed** | **Date Reopening** |
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| **Equipment Assessment List**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Equipment Name | Working | Destroyed  | Needs Repair | Necessary to Reopen |  | Repair | Cost $ | Insurance Coverage Y/N | Date Available for Use |  | Replace | Cost $ | Insurance Coverage Y/N | Buy | Lease | Date Available for Use |
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| **Equipment Assessment List**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Equipment Name | Working | Destroyed  | Needs Repair | Necessary to Reopen |  | Repair | Cost $ | Insurance Coverage Y/N | Date Available for Use |  | Replace | Cost $ | Insurance Coverage Y/N | Buy | Lease | Date Available for Use |
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| **Media List for Reopening** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Type of Media/Placement/Location | Copy Written | Ad Designed | Cost per Placement | Date # 1 | Date #2 | Date #3 | Date #4 | Date #5 | Date #6 | Total Cost |
| e.g., Facebook Posting: Reopening soon  |  |  | 0 | xx/xx | xx/xx | xx/xx | xx/xx | xx/xx | xx/xx | 0 |
| e.g., Newspaper Ad: Daily Times | x | x | $250  | xx/xx |  | xx/xx |  | xx/xx |  | $750  |
|  |  |  |  |  |  |  |  |  |  |  |
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| **Total Cost** |  |  |  |  |  |  |  |  |  |  |

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| **Media List for Reopening** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Type of Media/Placement/Location | Copy Written | Ad Designed | Cost per Placement | Date # 1 | Date #2 | Date #3 | Date #4 | Date #5 | Date #6 | Total Cost |
| e.g., Facebook Posting: Reopening soon  |  |  | 0 | xx/xx | xx/xx | xx/xx | xx/xx | xx/xx | xx/xx | 0 |
| e.g., Newspaper Ad: Daily Times | x | x | $250  | xx/xx |  | xx/xx |  | xx/xx |  | $750  |
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| **Total Cost** |  |  |  |  |  |  |  |  |  |  |

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| **Thank You List**  |  |  |  |  |
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|  | **Reason to Thank** | **Type of Thank You**  | **By Whom** | **Done** |
| Name |  |  |  |  |
| Street Address  |  |  |  |  |
| City/State/Zip |  |  |  |  |
| email |  |  |  |  |
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| Street Address  |  |  |  |  |
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| **Thank You List**  |  |  |  |  |
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|  | **Reason to Thank** | **Type of Thank You**  | **By Whom** | **Done** |
| Name |  |  |  |  |
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