

Guide to

Disaster Planning and Recovery

for Alabama Small Businesses



DISASTER PLANNING AND RECOVERY GUIDE

FOR

SMALL BUSINESSES IN ALABAMA

September 2014



ALABAMA SMALL BUSINESS DEVELOPMENT CENTER NETWORK

The University of Alabama
Box 870396
Tuscaloosa, AL 35487
(205) 348-1582 or 1-877-825-7232
ASBDC.org

and



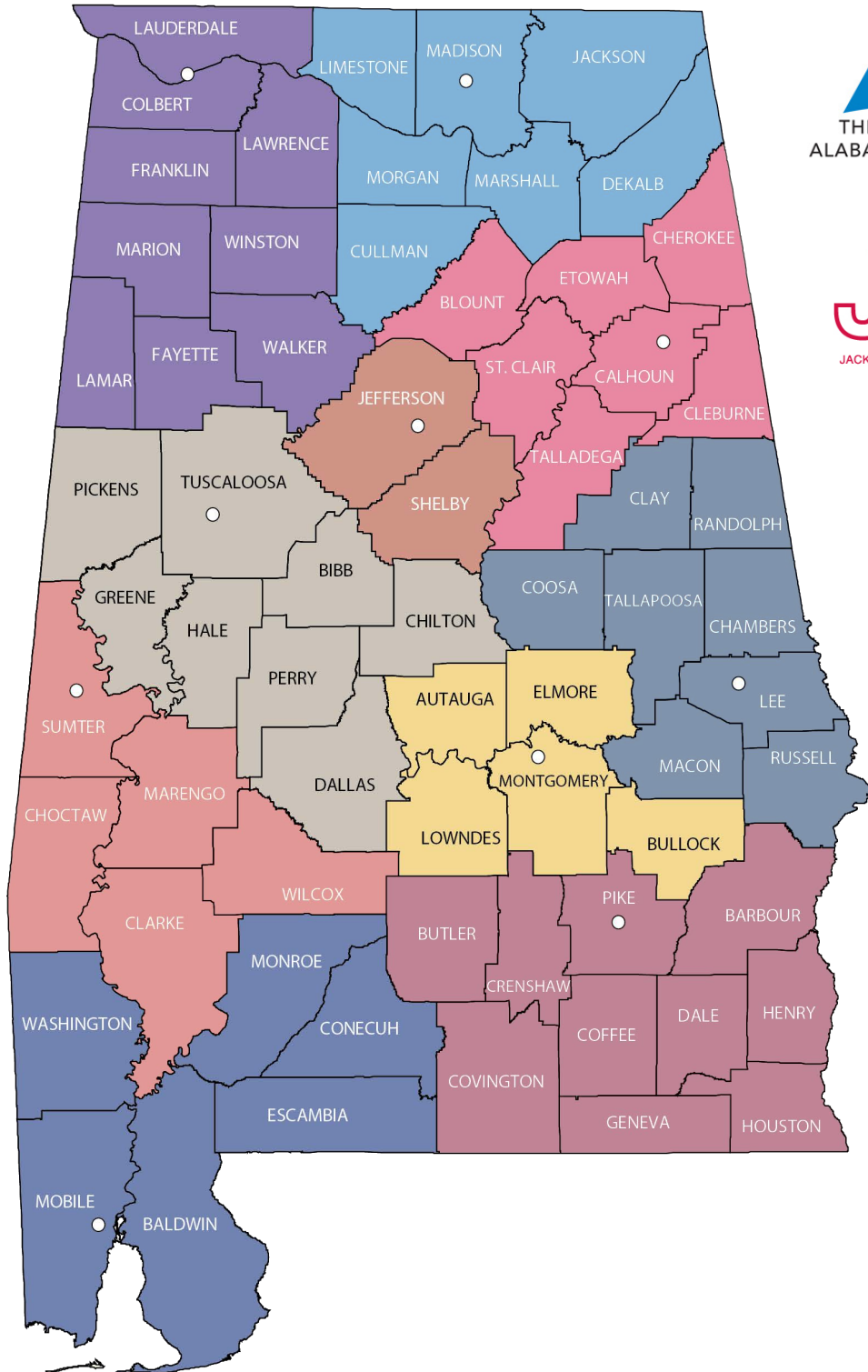
OFFICE OF SMALL BUSINESS ADVOCACY

Alabama Department of Commerce
Alabama Center for Commerce
401 Adams Avenue, Suite 610
Montgomery, AL 36130-4106
(334) 242-0400 or 1-800-248-0033
www.madeinalabama.com

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Alabama SBDC Network Regional Office Map



Guide to Disaster Planning and Recovery for Alabama Small Businesses

Welcome to the Disaster Planning and Recovery Guide for Small Business in Alabama.

This Guide is designed to help you prepare, plan and recover from a disaster. We encourage you to review the material, utilize the checklists and prepare for the unexpected. Your SBDC advisor is ready to assist you implement the tools in this guidebook and welcomes the opportunity to assist you through this process. A printed version is available at your local Alabama SBDC Network office.

Please let us know how we can help.

— *The Alabama SBDC Network*

— *The Office of Small Business Advocacy*

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Instructions on how to use Disaster Planning and Recovery Guide for Business:

1. We suggest that you get an accordion file with a handle (or some kind of sturdy folder that can be securely closed and easily carried) and gather all your information in one place. Choose a folder or label that is a bold color (i.e. red or blue) and mark the file “Disaster Plan and Recovery Information.” Store a second copy at an off-site location. You can use the worksheets and information in this guide to help plan for the unexpected and prepare your business in the event of a disaster. If you are faced with a disaster, you will be referring to this information on a daily basis, and it will need to be mobile unless your facility is useable. And even if you can get into your office, you will want all of the following information in one place that is easily accessible.
2. The guide is designed to help you gather information that you need to plan for the unexpected, make assessments, answer questions, and make the best business decision for you and your company after a disaster. It is designed as a series of steps. The first section is designed to help you gather information, locate critical data and plan for a disaster. The second section provides a guide to recover after a disaster and includes an overview, in the form of a flow chart, of the steps that need to be taken once your business is faced with the unfortunate aftermath of a disaster.
3. The guide is also designed to be your worksheet and has checklists and places to record actions that need to be taken.
4. If something has a star ★ that means there are additional sheets that will make it easier to gather and organize the information that you will need.
5. Included throughout this guide is space for notes and you are encouraged to capture your thoughts and questions along the way. Take the time to answer the questions carefully and give yourself plenty of time and space to make your decisions.
6. The Alabama SBDC will help you maneuver through the following assessments and action steps by keeping in touch with you if you prefer in the method most helpful to you (phone, email, and in-person check-ins).
7. After a disaster the most typical reaction is to get back to normal as quickly as you can. Studies and data show us that the “old” normal is gone and a “new” normal needs to be put into place. Give yourself time to get acclimated. Finishing this guide will help you focus on the new normal.

PLAN TO STAY IN BUSINESS

Any business that hopes to continue in the face of tragedy must account for both manmade and natural disasters. You should plan in advance to manage any emergency. Be prepared to assess the situation, use common sense and available resources to take care of yourself, your co-workers and your business' recovery. The first step in disaster planning is to identify your crisis team, compile the information you need to keep your business going and identifying options to keep your employees and investment safe. The following segments provide guidance to prepare for any disaster.

Crisis Team

Include co-workers from all levels in planning and as active members of the emergency management team. During your meeting, discuss all the potential threats that could lead to a disaster- hurricane, tornado, earthquake, viral pandemic, biological threats, national security and others. Create a team that will help with tasks in the event of a disaster. Designate individuals to have specific responsibilities and outline those responsibilities in a written document, with plans to follow-up and update these records every year.

Question	Yes	No	Name and Contact Information	By whom	By when
Identification of primary crisis manager. This person will be responsible to create and lead a crisis team and implement the disaster plan outlined in the subsequent sections					
Identification of secondary crisis manager					
Identification of employee responsible to ensure all personnel with disabilities are safe					
Identification of employee responsible to lock out premises and shut down major equipment					
Prepare list of all employees and emergency contact information (use the <i>Employee Contact Information Worksheet</i>) ★					

Create a Plan for Personnel Safety

Once you have created a crisis team, you should gather these individuals and create a plan to safeguard your employees and assets in the event of a disaster. In any disaster situation, local authorities may or may not immediately be able to provide information on what is happening and what you should do. While you should monitor television or radio news reports for information or official instructions as they become available, it is critical that you have a plan. There may be situations when it's best to stay where you are to avoid any uncertainty outside. There are other circumstances, such as a hurricane, when you need to evacuate. Create this plan while considering all potential threats that could lead to a disaster-hurricane, tornado, earthquake, viral pandemic, biological threats, national security and others. You should understand the differences and plan for all possibilities.

Question	Yes	No	Responsible Person/Team Member	By whom	By when
Create an Evacuation Plan (Use the <i>Evacuation Plan Worksheet</i>) ★					
Create a Shelter-In-Place Plan (Use the <i>Shelter-In Place Plan Worksheet</i>) ★					
Identification of communication plan for all employees to communicate after disaster. This can include either a voicemail for all to report or text. The Evacuation and Shelter Plans contain a section to include the relevant communication plan.					
Post the Evacuation and Shelter-In-Place plans on company intranet and provide copies to each employee and anyone else needing access to your plan (i.e. landlord, contract employees, etc.)					

Protect Your Investment

Once your team has created a plan to take care of your personnel, you should next focus on protecting your investments and other logistics in the event of an emergency. The most important preemptive protection you can provide your business is adequate insurance. Inadequate coverage can lead to major financial loss if your business is damaged, destroyed or simply interrupted for a period of time. Insurance policies vary, so check with your agent or provider about things such as physical losses, flood coverage and business interruption.

Make a list of your most important customers and proactively plan ways to serve them during and after a disaster. Also identify key suppliers, shippers, resources and other businesses you must interact with on a daily basis. A disaster that shuts down a key supplier can be devastating to your business.

Finally, plan what you will do if your building, plant or store is not accessible. Talk with your staff or co-workers and frequently review and practice what you intend to do during and after an emergency.

Question	Yes	No	Action and/or Comments	By whom	By when
Copy of emergency contact list of employees, landlord and key customers/ clients including all phone numbers. (Use <i>Employee Contact Worksheet, Vendor and Supplier Worksheet, Customer, Creditor and Business Information Worksheet.</i>) ★					
Voice mail box number and remote password information and instructions so you can change messages as needed providing information to employees and customers so they can call in for instruction if they cannot reach you by phone.					
Copy of insurance policies, agent contact information. (Use the <i>Insurance Coverage</i> worksheet to discuss current coverage with your insurance agent and make sure you know what coverage you have and what you need.) ★					

<p>Copy of listing of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.) This will save you the time of looking them up. You should also make contact with these making sure they are still in business, they still cover your area and they will be able and willing to provide service to you. Also discuss what type of payment they will take in an emergency situation.</p>					
<p>Corporations/ Partnerships: Copy of 3 years tax returns; one year personal tax returns on principles (affiliates with greater than 20% interest); one year tax returns on affiliated business entity. Also keep a copy of your Alabama Business Privilege Tax Return.</p> <p>Sole Proprietorships: Copy of 3 years tax returns with Schedule C</p>					
<p>Copy of insurance company emergency contact numbers. (Use the <i>Insurance Company Contact</i> worksheet and add any additional numbers.) ★</p>					
<p>All important information related to your computer and IT infrastructure (Use the <i>Vital Records, Software, Software Vendor, Hardware and Peripheral Inventory</i> worksheets.) ★</p>					
<p>Copy of all of your required licenses including, City business tax license (Occupational), State of Alabama professional licenses, etc.</p>					

DISASTER RECOVERY

This Section deals with the aftermath of a disaster and how to make sure you can recover, proceed and succeed.

First Assessment – Personal

Answer the following questions using the charts below. You can also create action steps with dates due and who is responsible if you would like.

Safety

Question	Yes	No	Action and/or Comments	By whom	By when
Adequate clothing					
Adequate food					
Adequate housing					
All employees accounted for (Use the worksheet provided to create a full employee list if you do not have one.) ★					
All employees safe					

Registration – if required.

You will know the level of registration required only after a disaster has taken place. The state may ask you to call a number and let them know that your business has been affected so that they can continue to provide you with information.

If there is a federally declared disaster, there will be instructions coming from the federal authorities on what you need to do.

Question	Yes	No	Action and/or Comments	By whom	By when
Registered with state					
Registered with federal					

Business Insurance

Insurance Agent name:		Phone:		Email:	
Question	Yes	No	Action and/or Comments	By whom	By when
Contacted insurance agent					
Documented damage in a list					
Took photos					

Call your advisor back and they will outline the next steps:

SBDC Advisor name:	Phone:	Email:

Appointment

We strongly suggest that you make a follow-up appointment when you call your advisor for the next steps.

Date:	Time:	Location:

NOTES:

There are many steps to disaster recovery, and it is important to determine if you can take these steps alone. Please know that most people need help during this process. So who, besides us, can help you? Make a list of these people (with their contact info) below so you have it in this file:

Name:	Phone:	Email:

NOTES:

Disaster Recovery Steps



First Assessment -- PERSONAL



First Assessment -- BUSINESS



DO ALL PRELIMINARY ACTIONS



Current financial position of company



REOPEN ?

YES



What are your chances for success



Create a recovery plan



How to fund the reopening



Securing sources of financing



REOPEN

NO



Create a *Closing Checklist*
with your SBDC Advisor

No

No

First Assessment Post-Disaster – Business

The most immediate task after addressing the personal and safety issues is to do a quick evaluation of the situation at the business.

If you have a disaster recovery plan, access it and begin to implement. If not, use the questions below to inform your next steps.

Question	Yes	No	Action and/or Comments	By whom	By when
Facility operational?					
Reopen without significant repairs?					
Inventory damaged or recoverable or need to be replaced?					
Supplies damaged or recoverable or need to be replaced?					
Equipment damaged or recoverable or needs to be replaced?					
Does the building need to be secured against theft/vandalism?					
Does the business have a web site that is still active? a. Should it be shut down? b. Should a message be placed on it telling clients what has happened and to stay tuned?					
Losing money daily? How much? <i>Use the Quick Cash Loss Calculation sheet.</i> ★					
How much do you need to live on? <i>Use Personal Budget Sheet.</i> ★					
Access to monies to pay personal bills? Note: If this is a federally declared disaster, as the owner you are also eligible for DUA (Disaster Unemployment Assistance). Ask your SBDC advisor for instructions.					

Preliminary Actions:

This is the next series of to-do's that you need to consider and take care of. Each step of this process will build on the last.

Question	Yes	No	Action and/or Comments	By whom	By when
Preliminary damage assessment to insurance company.					
Insurance company has given you payment amount; and date you can expect to receive it.					
List and contact your key stakeholders (include key customers, suppliers & lenders/investors). ★ <i>Use Key Stakeholder sheet.</i>					
Have contacted local, state and federal government agencies.					
Created an accounts payable list by date due – what bills do you owe and when are they due? <i>Use Aged AP sheet if you don't have one from QuickBooks or other accounting source.</i> ★					
Contact vendors about payment schedules. (Ask for best deal.)					
Make decisions about staff in immediate future. Layoff? Refer to unemployment? DUA? Keep some? ★ <i>Use Employee Action List</i>					
Postpone purchasing supplies/inventory?					
Cancel orders that you have made? ★ <i>Use Vendor Orders to Cancel List</i>					

Question	Yes	No	Action and/or Comments	By whom	By when
Customer orders? Can you fulfill them? Have they been lost? <i>Use Customer Orders Action List</i> ★					
Are there standard orders that you fulfill that you need to talk to specific clients about?					
Access to your computers? Working? Is data intact?					
If computer is not working, do you have back-up that you can download onto another machine?					
Check in on your website again and make sure that orders have been stopped if necessary. a. If you can still fulfill orders, make sure clients know the situation and that there may still be some delays.					
If you have computer access, consider posting on Facebook and other social media. a. If there are ways that your customers can help, this is a way to keep in touch with them.					

NOTES:

What is the current financial position of your business?

This process is extremely important in helping you decide your next steps. If you need assistance with this section, it is vital that you get it. Your accountant is the most logical place to start. Your bankers will also be willing to help, as will your SBDC advisor.

Question	Yes	No	Action and/or Comments	By whom	By when
Have all the business financial records?					
Have your last 3 years of tax returns?					
No available financial information: <i>Use Reconstruction Financial Data sheet.</i> ★					
What is your insurance agent telling you about your policy and what will be covered and what won't be covered? Make a list.					
Determine available cash. <i>Use Aged Accounts Receivable and Sales Chart for the next 30/60/90 days.</i> ★					
Do you have a current balance sheet dated right before the disaster?					
If no balance sheet, contact your accountant.					
Use the financial information to create an accurate picture of the current health of the business. Do this with your SBDC Advisor, your accountant, or any financial mentor.					

Should you reopen your business?

As horrible as a disaster can be for your business and for your financial situation, what we have learned from other businesses that have gone through this process is this: The ones who took the time to pause and assess their current state of mind (as well as all the financial and physical situations) were grateful. They felt that they made better more informed decisions about the future. Pause now and ask yourself (and your family) the following list of important questions.

The final, toughest question: Should I go back into business?

Question	Yes	No	Comments/Qualifiers/Additional Info
Happy running the business before the disaster?			
Condition of the business pre-disaster?			
Making the profit you wanted?			
Exit plan before the disaster? a. Age? b. Health? c. Anyone to leave the business to?			
Prefer being your own boss?			
Good at/like managing staff?			
Considered other opportunities?			
Rather reopen a different business?			
Make changes to the existing business if you decide to reopen?			
Prepared for the potential extra demands that recovering your business will place on you, both personally and financially?			
Willing to take on more debt?			
Walk away if you could?			
If I didn't reopen, what would I do?			
Should I reopen?			

What are your chances for success?

Sometimes there are factors that impact your decision that are out of your control. This is especially true if this is a natural disaster that has affected your area. Now is the time to analyze the potential demand for your product or services post-disaster by answering the following questions.

Question	Yes	No	Comments/Qualifiers/Additional Info
Is your business vital to the community (e.g., grocery store, gas station, drug store)?			
Is your business the type that everyone needs to recover their homes and businesses (e.g., home improvement store)?			
Key customers and/or suppliers been affected by the disaster?			
Have they found other sources so that you will have to —get them back”?			
Disaster led to other businesses in your area closing, and if so, have you determined how this may impact your business?			
Economic climate of the area: a. Pre-disaster? b. Post-disaster?			
Were you keeping up with the industry?			
Can your business change easily to react to outside forces?			
Can you reopen quickly?			
Will you be the first business to reopen in your area?			
Can you wait to reopen and still be viable when you do?			

Recovery Plan:

If you decide to reopen, you still need to ask some additional questions before you proceed. You now need to make a recovery plan. This will be done in the following steps.

Question	Yes	No	Action and/or Comments	By whom	By when
Developed your recovery objectives? <i>Use Recovery Goals Worksheet.</i> ★					
Established a recovery team with clear responsibilities from the recovery plan?					
Can team members work off site?					
What are all the requirements to reopen your business? <i>Use Recovery Plan Worksheet.</i> ★					
Adequate resources (staff, finances, etc.) to bring the business up to normal operating levels?					
Cost to execute your recovery plan? <i>Use Cost Estimations for Re-opening.</i> ★					
Incorporated lessons from running your business prior to the disaster into your recovery plan?					
Incorporated your analysis of the market conditions post-disaster into your recovery plan?					
Financial goals you want to achieve (net profit margin, ROI, etc.)?					
Addition of new product lines or removal of existing product lines?					
Addition of new services or a reduction of services?					
Can you reduce operating costs?					
Can you adopt new technologies & processes?					
Should relocation be an option?					

Funding the reopening of your business

At this point, it is crucial that you consider the following questions.

And once you have done that, you need to think about sources of funding in the next section.

Question	Yes	No	Action and/or Comments	By whom	By when
Afford to reopen your business?					
Completed cash flow and profit and loss forecasts? <i>Use 3 Month Cash Flow Worksheet.</i> ★					
Used these forecasts to run “what if” scenarios to measure how your cash flows will be impacted by unexpected events?					
How do you intend to fund the reopening of your business: from existing business sources, your own resources, other investors, banks, lenders, or a mix? (See next section.)					
Forecasts and your financial statements show whether the business can afford to use internal or external sources of financing to fund the reopening?					
If no to above, can you adjust your recovery plan so that it is affordable?					
Cannot afford your recovery plan; stop to consider exiting the business again at this point.					
Review all existing debt-financing arrangements to ensure that the finance facility and structure fits the new needs of the business.					
Make sure you have all updated info on the amount of your insurance coverage.					

Sources of Financing:

If you need money to reopen and to cover operating expenses for a time, answer the following.

Question	Yes	No	Action	By whom	By when
Even if you can fund the reopening of the business from existing sources, have you analyzed whether it is better to use external sources of finance? a. SBA Disaster Loan b. State Loan options					
Are there monies available from local charities/business organizations/non-profit organizations? a. Make a list of potential sources. <i>Use Grants and Alternative Funding Sources List.</i> ★ b. Gather application forms if required. c. Once you are certain you are going to reopen, fill out and submit applications.					
Have you spoken to your bank about your recovery plan and your funding needs?					
Can existing lines of credit be accessed (and increased if necessary) to fund the reopening of the business?					
What collateral do you have available to offer?					

Question	Yes	No	Action	By whom	By when
If you are seeking debt financing, determine: <ul style="list-style-type: none"> a. What you will be using the money for? <i>Use Sources and Use Worksheet.</i> ★ b. What length of the loan term? c. Total of what you need 					
Can you financing the reopening of your business from your own resources?					
Can you access money from other sources? <ul style="list-style-type: none"> a. Family b. Friends c. Other investors 					

NOTES:

Reopening Steps:

Now consider the answer to each of the following questions. Make a to-do list using the action column. If necessary, assign the task to someone, with a clear due date. There are headings to make this longer list easier to manage.

Question	Yes	No	Action and/or Comments	By whom	By when
Employees:					
Staffing needs? Take a look at the jobs that existed before and make sure your needs are the same. What should change? a. Make a list of jobs that need to be filled. <i>Use Jobs Needed to Re-open Worksheet.</i> ★					
Re-hire key employees? a. Match with jobs list above.					
Need to hire new employees? a. Write job descriptions. b. Begin hiring process.					
Location:					
a. Reopen existing location? b. Move temporarily? c. Move permanently?					
Any changes in the status of the location due to the disaster from the local or federal government that should be considered? a. For example, if it was a flood are you now in a newly designated flood plain?					
What is the status of other business and their plans? a. Will you be the first to reopen? (Is the whole area is going to be perceived as closed. Is it time to reopen?) ★ <i>Use Local Business Assessment List.</i>					
Are your needs being met by the current location? a. Is it big enough? b. Too big? c. Layout correct? d. If there were renovations on your wish list, is now the time to do them?					

Question	Yes	No	Action and/or Comments	By whom	By when
Major Equipment:					
Make an assessment. <i>Use the Equipment Assessment List.</i> ★					
Equipment in working order?					
Given the new conditions (or any changes you are considering) should you replace equipment?					
Insurance covering equipment replacement needs?					
Consider which is best for equipment: a. Purchase (and how to finance)? b. Lease?					
Expertise readily available to install the equipment?					
Wait time for equipment replacement? a. How will this affect reopening?					
Any new equipment needs?					
Inventory:					
What needs to be replaced?					
Insurance coverage?					
Before reordering, check past sales data: a. What was selling? b. What was not?					
Will the post-disaster market change your customer's needs? a. New items to order.					
Marketing:					
Before creating reopening plan, assess marketing efforts before the disaster for their effectiveness. a. Type b. Message c. Cost d. Working: yes/no Apply this assessment to new media plan.					
Reopening ad plan: a. Traditional media b. Social media c. Online media <i>Use the Media List for Re-opening.</i> ★					
Price/Budget for media plan. a. Add cost to above list.					

Question	Yes	No	Action and/or Comments	By whom	By when
Reopening event? a. Work with local chamber of commerce. b. Appropriate press releases.					
What changes need to be made to the website to reflect the reopening plan?					
Are there any promotions being done in your local area by government or others that you can take advantage of?					
Pricing:					
Have you undertaken a break-even analysis to determine whether the prices you charge are making the profit you want to achieve? Do this product by product with your SBDC advisor or accountant.					
Compared your pricing to your competitors?					
Business Licenses:					
Are all licenses up to date?					
Do you have copies?					
Replace all copies that were destroyed.					
Same applies to all permits.					
Accounting & record keeping:					
Has all of your accounting been restored?					
Was it efficient and effective pre-disaster?					
Meet with CPA and bookkeeper to discuss any changes that should be made before reopening.					
Are you backing up off site? a. If not, set up.					
Make sure that you are recording all expenses (including any out-of-pocket) for any disaster repair and reopening expenses.					

Question	Yes	No	Action and/or Comments	By whom	By when
Legal Obligations:					
Has your ability to file and pay such returns/forms/obligations been delayed?					
Have your reconstructed financial records given you the necessary information and evidence to be able to complete such returns?					
Insurances:					
Review your insurance coverage to see whether it is adequate and whether there are any gaps in your coverage.					
Do a new assessment with your agent.					
Do you need any special (e.g., flood) insurance now? a. Cost?					
Thank-you:					
Keep track of everyone who has helped you. <i>Use Thank You list.</i> ★					
When there is time, send thank you notes.					

NOTES:

So...you made it.

Congratulations.

No matter whether you have moved on to a new chapter in your career or you have decided to reopen, we wish you well.

If you have decided to reopen (or you are going to open a new business in the future), remember that the SBDC offers one-on-one, confidential, no-cost business advising, and we hope to be able to continue to work with you.

We strongly suggest that you keep this workbook and all materials related both to the disaster and to your recovery process. In working with clients post-disaster, we have gone back to their material time and time again as the basis for new opportunities.

WORKSHEET SECTION

EVACUATION PLAN FOR _____ LOCATION

Crisis/Disaster Team Leader:

Secondary Leader:

Shut-Down Leader:

Assembly Site Leader:

“All Clear” Leader:

If we must leave quickly: _____

Warning System: _____

Warning System to be Tested _____ per Year

1) Assembly Site: _____

Employees to All Call This Number and leave “I’m Safe” message:

Employees to All Text This Number and Text “I’m Safe” message:

Employees to Call this Number for Voicemail instructions:

Password:

PLAN TO BE PRACTICED _____ PER YEAR

SHELTER-IN-PLACE PLAN FOR _____ LOCATION

Crisis/Disaster Team Leader:

Secondary Leader:

Shelter Site Leader:

Seal the Room Leader:

—All Clear? Leader:

If we must take shelter quickly: _____

Warning System: _____

Warning System to be Tested _____ per Year

Shelter Location: _____

Sealed Room Shelter Location: _____

Shelter Leader Responsibilities:

Sealed Room Leader Responsibilities:

PLAN TO BE PRACTICED _____ PER YEAR

DISASTER SUPPLY AND PREPAREDNESS CHECKLIST

Protect critical systems such as computers, telephone equipment and other sensitive devices from failure or attack

- Install uninterruptible power supplies and surge protectors on key circuits
- Install antivirus software on computers and networks
- Install firewall software on networks
- Update system protection software regularly

Assemble and store emergency supplies for shelter in place and sealed room

- First aid kit, sized for the business
- Portable radio/TV and extra batteries
- Flashlights or lanterns and extra batteries
- Work gloves and protective clothing
- Emergency response tools/pliers and wrench
- Emergency food water (3 DAYS)
- Garbage bags and plastic ties
- Blankets and Whistle per employee
- Dust masks
- Plastic sheeting, tarps, duct tape
- Two-way handheld radios for emergency communication

Implement appropriate structural changes for earthquake prone areas

- Where possible, upgrade the seismic safety of building structures
- Install fire sprinklers
- Secure cabinet doors with safety latches
- Fasten tall bookcases, cabinets and large hanging objects to walls
- Secure free standing shelving units, and make sure objects on shelves will not shake loose and fall
- Use hook and loop fasteners to keep computers, cash registers and other valuable items from falling

Provide for emergency backup power and lighting

- Install a fixed or portable generator powered by diesel, gasoline, propane or natural gas
- Consider a small inverter to provide AC power to a device from a battery or vehicle engine
- Install battery powered emergency lighting

Assemble building site maps and floor plans with the following information identified:

- Stairways, exits and fire escapes
- Utility valves and shutoffs – electric, gas, water, heating and air conditioning
- Fire hydrants and standpipes
- Fire extinguishers
- Hazardous materials
- Locked or restricted areas

Prepare for no utilities and banking access

- Determine method to access cash
- Identify cellular phone and store critical numbers
- Identify records required by the insurer in the event of a disaster

Conduct regular exercises with employees and modify plans and procedures as necessary

- Evacuation and assembly
- Fire evacuation

Business Information

Legal Business Name:

Federal Tax I.D. # _____ State Tax I.D. # _____

Address: _____
(Street)

(City) (County) (State/Zip)

Unemployment Compensation Account # _____

Telephone: () _____ - _____ Date Business Started: _____
(Month/Year)

Business Location (if other than above):

Address: _____
(Street)

(City) (County) (State/Zip)

Telephone: () _____ - _____
Date Business Started at This Location: _____
(Month/Year)

Number of Employees (FTE): _____

Majority Business Owner:

Full Name: _____ Social Security #: _____

Title: _____ Driver's License #: _____

Percent Ownership: _____ Date of Birth: _____

Home Address: _____
(Street) (City) (County) (State/Zip)

Telephone: () _____ - _____

Banking Relationship:

Bank Name _____ Contact: _____

Account #(s)/Type: _____

Telephone: () _____ - _____

Landlord or Property Owner for Business Location:

Contact: _____

Telephone: () _____ - _____

INSURANCE AND OTHER IMPORTANT PHONE NUMBERS

Insurance Numbers:

- 1. AIG Insurance Co. Disaster Claims: 1-877-399-6442
- 2. Allstate Insurance Co. Disaster Claims: 1-800-54-STORM or 1-800-547-8676
- 3. Colonial Penn Insurance Co. Disaster Claims: 1-800-523-9100
- 4. Hartford Casualty Insurance Co. Disaster Claims: 1-800-327-3636
- 5. Liberty Mutual Insurance Co. Disaster Claims: 1-800-2CLAIMS or 1-800-225-2467
- 6. Nationwide Mutual Insurance Co. Disaster Claims: 1-800-421-3535
- 7. State Farm Fire & Casualty Co. Disaster Claims: 1-800-STATE-FARM or 1-800-782-8332

Additional Hotlines:

- 8. American Red Cross Donations Hotline: 1-866-HELP-NOW or go to www.redcross.org.
- 9. American Red Cross Information Hotline: 1-866-GET-INFO or 1-866-438-4636
- 10. Salvation Army Donation Hotline: 1-800-SAL-ARMY or 1-800-725-2769
- 11. Salvation Army Prayer and Spiritual Support Hotline: 1-888-363-2769
- 12. Elder Services Hotline: 1-800-963-5337
- 13. Crisis Counseling: 1-866-518-1825
- 14. Hearing/Speech Impaired: 1-800-829-4059

OTHER NUMBERS:

Use this form to:

1. Keep a list of all your employees that you need to contact in the event of a disaster,
Keep one copy of this list in a secure place on your premises and another in an off-site location.

Employee Contact Information

Employee Name: _____

Employee Number: _____

Division: _____

Employee Title: _____

Work Phone: _____

Work Location: _____

Work Email: _____

Alternate Email: _____

Home Phone: _____

Mobile: _____

Home Address: _____

City _____ State _____ Zip Code _____

Miles from Home to business: _____

Military Reserve: (Y or N)

National Guard: (Y or N)

4 Wheel Drive Vehicle: (Y or N)

Child Care Required: (Y or N)

Physically Challenged: (Y or N)

Medical Description:

Shift Employee Works:

Requires Transportation: (Y or N)

CPR Trained: (Y or N)

Employee Needed – Priority 1:

Role in Crisis Team/Plan:

Use this form to:

1. Keep a list of all your employees that you need to contact in the event of a disaster,
Keep one copy of this list in a secure place on your premises and another in an off-site location.

Employee Contact Information

Employee Name: _____

Employee Number: _____

Division: _____

Employee Title: _____

Work Phone: _____

Work Location: _____

Work Email: _____

Alternate Email: _____

Home Phone: _____

Mobile: _____

Home Address: _____

City _____ State _____ Zip Code _____

Miles from Home to business: _____

Military Reserve: (Y or N)

National Guard: (Y or N)

4 Wheel Drive Vehicle: (Y or N)

Child Care Required: (Y or N)

Physically Challenged: (Y or N)

Medical Description:

Shift Employee Works:

Requires Transportation: (Y or N)

CPR Trained: (Y or N)

Employee Needed – Priority 1:

Role in Crisis Team/Plan:

Use this form to:

1. Keep a list of all your employees that you need to contact in the event of a disaster,
Keep one copy of this list in a secure place on your premises and another in an off-site location.

Employee Contact Information

Employee Name: _____

Employee Number: _____

Division: _____

Employee Title: _____

Work Phone: _____

Work Location: _____

Work Email: _____

Alternate Email: _____

Home Phone: _____

Mobile: _____

Home Address: _____

City _____ State _____ Zip Code _____

Miles from Home to business: _____

Military Reserve: (Y or N)

National Guard: (Y or N)

4 Wheel Drive Vehicle: (Y or N)

Child Care Required: (Y or N)

Physically Challenged: (Y or N)

Medical Description:

Shift Employee Works:

Requires Transportation: (Y or N)

CPR Trained: (Y or N)

Employee Needed – Priority 1:

Role in Crisis Team/Plan:

Use this form to:

1. Keep a list of all your employees that you need to contact in the event of a disaster,
Keep one copy of this list in a secure place on your premises and another in an off-site location.

Employee Contact Information

Employee Name: _____

Employee Number: _____

Division: _____

Employee Title: _____

Work Phone: _____

Work Location: _____

Work Email: _____

Alternate Email: _____

Home Phone: _____

Mobile: _____

Home Address: _____

City _____ State _____ Zip Code _____

Miles from Home to business: _____

Military Reserve: (Y or N)

National Guard: (Y or N)

4 Wheel Drive Vehicle: (Y or N)

Child Care Required: (Y or N)

Physically Challenged: (Y or N)

Medical Description:

Shift Employee Works:

Requires Transportation: (Y or N)

CPR Trained: (Y or N)

Employee Needed – Priority 1:

Role in Crisis Team/Plan:

Key Customer Information

Use this form to:

1. Keep a list of your key customers that you need to contact in the event of a disaster.
2. Where these customers can obtain alternative resources until you reopen.
Keep one copy of this list in a secure place on your premises and another in an off-site location.

CUSTOMERS

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Supplier Contact Information

Use this form to:

1. Keep a list of the major suppliers you need to contact in the event of a disaster, and
 2. Know what their disaster plans are in the event that they experience a disaster.
- Keep one copy of this list in a secure place on your premises and another in an off-site location.

SUPPLIERS

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Materials/Services Provided: _____

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Materials/Services Provided: _____

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Materials/Services Provided: _____

Creditor Contact Information

Use this form to

1. Keep a list of the major creditors you need to contact in the event of a disaster.
Keep one copy of this list in a secure place on your premises and another in an off-site location.

CREDITORS

Bank Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Bank Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Bank Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Vital Records Inventory

(Example is Provided)

MEDIA TYPE	TITLE/ DISCRPTION	RESPONSIBLE PARTY	PRIMARY LOCATION	BACK-UP PROTOCOL/ REDUNDANCY	BACK-UP LOCATION	KIT
BUSINESS UNIT						
Software	<i>MS Office Suite w/Access</i>	<i>Information Systems</i>	<i>Department Server</i>	<i>Daily Backup</i>	<i>Remote/ Internet BCP - Hot Site</i>	
Software	<i>Payroll</i>	<i>Accounting</i>	<i>Department Server</i>	<i>Daily Backup</i>	<i>BCP - Hot Site</i>	
Software						
Software						
Software						
Data Base	<i>Client List</i>	<i>Accounting</i>	<i>Department Server</i>			
Data Base						
Date Base	<i>Emergency Contact List</i>	<i>Administration</i>	<i>Primary Server</i>	<i>Weekly Tape Backup</i>	<i>Hard Copies of Staff Home/PDA/ Cell Phones</i>	X
Data Base						
Data Base						
Word Processing	<i>Correspondence, Grant Reports, Planning Documents</i>	<i>Administration</i>	<i>Primary Server</i>	<i>Weekly Tape Backup</i>	<i>Tape Stored Off-Site</i>	
Word Processing						X
Word Processing						X
Paper Files						

Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent.

Insurance Agent: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Primary Policy #: _____

Flood Insurance Policy #: _____

INSURANCE POLICY INFORMATION

Type of Insurance	Policy No.	Deductibles	Policy Limits	Coverage (General Description)

Do you need Flood Insurance? Yes No

Do you need Earthquake Insurance? Yes No

Do you need Business Income? Yes No

Do you need Extra Expense Insurance? Yes No

What perils or cause of loss does the primary policy cover?

What exclusions exist and what are the deductibles?

What does my policy require me to do in the event of a loss?

Software Vendor or Leasing Company Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Off-site Data Backup Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Hardware Vendor or Leasing Company Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Hardware Supplier/Repair Vendor Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Peripheral Vendor or Leasing Company Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Peripheral Support Vendor Information

Company Name: _____

Street Address: _____

City _____ State _____ Zip Code _____

Phone: _____ Fax: _____

E-mail: _____ Contact Name: _____

Account Number: _____

Quick Cash Loss Calculation

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:

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	\$

Key Stakeholders

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Key Stakeholders

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Name:	Relationship:
Contact #:	E-mail:
Contacted: Yes No	
Actions/Notes:	

Employee Action List

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Employee Action List

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Name:				
Job Title/Function:				
Contact #:			E-mail:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

Vendor Orders to Cancel

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor Orders to Cancel

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Vendor:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Custom and/or Standing Customer Orders to Cancel

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Custom and/or Standing Customer Orders to Cancel

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	E-mail:
Canceled: Yes No	
Actions/Notes:	

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
- 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

Aged Sales Forecast and Accounts Receivable Chart

Sales	0-30	31-60	61-90	90+	Total
Total Sales					

Accounts Receivable	0-30	31-60	61-90	90+	Total
SubTotal Accounts Receivable					

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

Quick 3 Month Cash Flow

Quick Cash Needs Assesment - 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	

Grants and Alternative Funding Sources List

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Grants and Alternative Funding Sources List

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Name of Source:		
Contact #:	E-mail:	
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/Notes:		
Received \$	Date:	

Sources and Use Worksheet

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	

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/x x	xx/x x	xx/x x	xx/x x	xx/x x	xx/x x	0
e.g., Newspaper Ad: Daily Times	x	x	\$250	xx/x x		xx/x x		xx/x x		\$750
Total Cost										

Thank You List

	Reason to Thank	Type of Thank You	By Whom	Done
Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Thank You List

	Reason to Thank	Type of Thank You	By Whom	Done
Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

Name				
Street Address				
City/State/Zip				
E-mail				

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Office of Small Business Advocacy
Alabama Department of Commerce
Alabama Center for Commerce
401 Adams Avenue
Montgomery, AL 36130
(334) 242-0400 or 1-800-248-0033
www.madeinalabama.com



Alabama Small Business
Development Center Network
The University of Alabama
Box 870396
Tuscaloosa, AL 35487
(205) 348-1582 or 1-877-825-SBDC (7232)
www.asbdc.org