

Business Assessment & Forecast Plan

About Your Business

Assessment Date:

Please provide a brief overview of the small business. Include a summary about the business including information about products and/or services, operation hours and days, and the target markets it serves.

Please describe the impact that COVID-19 has caused.

Is the Business currently operating?

Yes No

If Yes, please provide a brief description of the small business's plan to operate during the next six months.

If No, please provide the date the business stopped operations.

Please provide a brief description of the recovery plan to reopen within the next six months.

Business Address (Street, City, State, and Zip Code):

Additional business address location(s):

Insurance & Financial Information

Do you have insurance that will help to cover your short-term losses from COVID-19 (Coronavirus)?

Yes No

If yes, please complete the table with the appropriate options.

Type of insurance to cover business property damages or losses	Coverage Yes or No	Deductible \$ amount if Yes	Claim submitted Yes or No	Funds Received Yes or No	Amount \$ Received
*Property Insurance					
Commercial General Liability Insurance					
Directors & Officers Insurance					
Errors & Omissions Coverage					
Workers' Compensations Insurance					
Unemployment Insurance					
Other					

*Standard property insurance policies usually include two types of valuable coverage for disruptions like the coronavirus. Business interruption coverage insures against losses resulting when the policyholder's operations are directly affected; and contingent business interruption coverage insures against the risk of indirect losses, such as when suppliers or customers are affected.

Insurance & Financial Information

Payment deferments that are in process or completed	Yes, No, N/A	One Month Prior to COVID-19	Current Month/ Projection	Term of Deferment
Rent Deferment for your Business Lease				
Accounts Payable Renegotiated or Extended				
Deferred Business Installment Debt				
Deferred Business Credit Card Debt				
Any "Other" Business Deferments				

LiftFund Disaster Relief Loan Fund 2020 Budget Worksheet

Household Cash Flow Review	12/2019 or 1/2020	COVID-19 Impacted Cash Flow (1 Month)
Take Home From Business		
Employment		
Partner/Spouse		
Unemployment Income Benefits		
Other Income/Revenue		
Total Household Income Calculation		
Business Cash Flow Review	12/2019 or 1/2020	COVID-19 Impacted Cash Flow (1 Month)
Total Revenue		
Total Expenses		
Cost of Goods & Services Sold		
Other Variable Expenses		
Rent		
Salaries (Not Including Owner)		
Owner's Draw		
Other Fixed Expenses		
Business Debt Payment		
Total Expenses		
Business Excess of Cash Flow		
Cash Flow needed for 6 Months:		
Sources to Cover 6 Month Cash Flow Gap		
Total Rent Deferment		
Accounts Payable Extended		
Business Debt Payments Deferment		
Available Credit in Credit Cards/Line of Credit		
Total Expected Insurance Benefit		
Any Other Deferment		
Business Cash Available		
Personal Savings		
Other		
Total Available		
Working Capital GAP/Loan Request		