

## 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 #:	email:
Contacted: Yes      No	
Actions/Notes:	

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Contact #:	email:
Contacted: Yes      No	
Actions/Notes:	

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Contact #:	email:
Contacted: Yes      No	
Actions/Notes:	

## Aged Accounts Payable

### Amount Due

Vendor	0-30	31-60	61-90	90+	Total
<b>SUBTOTAL (page 1)</b>					

**Aged Accounts Payable**

**Amount Due**

<b>Vendor</b>	<b>0-30</b>	<b>31-60</b>	<b>61-90</b>	<b>90+</b>	<b>Total</b>
<b>SUBTOTAL (page 2)</b>					
<b>SUBTOTAL (page 1)</b>					
<b>TOTAL</b>					

## 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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Contact #:			email:	
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Actions/Notes:				

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Job Title/Function:				
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Notes:				

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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:				



## 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:	

Vendor:	
Description of Order:	
Contact #:	email:
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Actions/Notes:	

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Description of Order:	
Contact #:	email:
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Actions/Notes:	

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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:	

Vendor:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

## Custom and/or Standing Customer Orders to Cancel

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

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:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes      No	
Actions/Notes:	

Customer:	
Description of Order:	
Contact #:	email:
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](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
<b>Total Sales</b>					

Accounts Receivable	0-30	31-60	61-90	90+	Total
<b>SubTotal Accounts Receivable</b>					













## 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		
<b>TOTAL START-UP DOLLARS</b>		Total amount of costs before reopening



# Quick 3 Month Cash Flow

Quick Cash Needs Assessment - 90 days

**Month 1                      Month 2                      Month 3                      TOTAL**

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<b>Total Income</b>				
<b>Total Cost of Goods Sold (COGS)</b>				
<b>Gross Profit</b>				
<b>Expense</b>				
<b>Advertising &amp; Marketing</b>				
<b>Credit Card Processing Fees</b>				
<b>Dues and Subscriptions</b>				
<b>Liability Insurance</b>				
<b>Loan # 1</b>				
<b>Loan # 2 (Bank)</b>				
<b>Loan # 3</b>				
<b>Office Expenses</b>				
<b>Payroll</b>				
<b>Payroll Taxes</b>				
<b>Owners Draw</b>				
<b>Accounting</b>				
<b>Legal Fees</b>				
<b>Rent</b>				
<b>Repairs and Maintenance</b>				
<b>Taxes</b>				
<b>Telephone</b>				
<b>Utilities</b>				
<b>Total Expense</b>				
<b>Profit/Loss</b>				

<b>Cash on Hand</b>	
<b>P/L Month #1</b>	
<b>P/L Month #1</b>	
<b>P/L Month #1</b>	
<b>Total Cash Flow Projected</b>	





## Grants and Alternative Funding Sources List

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

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

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

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

Name of Source:		
Contact #:		email:
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	





















# Thank You List

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

Name				
Street Address				
City/State/Zip				
email				

Name				
Street Address				
City/State/Zip				
email				

Name				
Street Address				
City/State/Zip				
email				

Name				
Street Address				
City/State/Zip				
email				

Name				
Street Address				
City/State/Zip				
email				

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City/State/Zip				
email				

Name				
Street Address				
City/State/Zip				
email				