

Quick Cash Loss Calculation

Daily:

Typical Daily Sales/Revenues	v	# of Days Closed	х	Total Estimated Revenue Lost
Typical Daily Sales/Neverlaes	^	Closed	^	Total Estillated Neverlae Eost
	х		=	

OR

Monthly:

Monthly Sales Revenue	х	# of Days Closed	х	Total Estimated Revenue Lost
	х		=	

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:	
Name:	Relationship:
waitie.	Relationship.
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	
Name:	Relationship:
Nume.	relationship.
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	
Name:	Relationship:
Traine.	Treatment of the state of the s
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	



Key Stakeholders

Name:	Relationship:
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	
Name:	Relationship:
waitie.	Relationship.
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	
Name:	Relationship:
Nume.	relationship.
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	
Name:	Relationship:
Traine.	Treatment of the state of the s
Contact #:	email:
Contacted: Yes No	
Actions/Notes:	



Aged Accounts Payable

Amount Due

Vendor	0-30	31-60	61-90	90+	Total
SUPTOTAL (
SUBTOTAL (page 1)					

Aged Accounts Payable





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



Employee Action List

Name:					
Job Title/Fu	ınction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	tes:				
Name:					
Job Title/Fu	ınction:			1	
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	tes:				
Na					
Name:					
Job Title/Fu	inction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	tes:				
Name:					
Job Title/Fu	ınction:				
Contact #:	inction.			email:	
	Lay Off:	Plan to Rehire:	Poforr	ed to Unemployment:	to DUA:
Keep: Actions/No		Plati to Keriire.	Keleffe	ed to offeriployment.	to DUA.
ACTIONS/INC	ies.				
Name:					
Job Title/Fu	unction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No					
7.0010113/140					

Employee Action List



Nama					
Name:	un ati a m				
Job Title/Fu	unction:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
		rian to Kenne.	Neierre	ed to offernployment.	to boa.
Actions/No	nes:				
Name:					
Job Title/Fu	ınction:				
Contact #:	anction.			email:	
	Law Offi	Dlam to Dobino.	Dafaus		to DUA:
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	otes:				
Name:					
	ation.				
Job Title/Fu	unction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	otes:				
Name:					
Job Title/Fu	unction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No	tes:				
Name:					
Job Title/Fu	unction:				
Contact #:				email:	
Keep:	Lay Off:	Plan to Rehire:	Referre	ed to Unemployment:	to DUA:
Actions/No				. ,	
	-				



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:			
Was dans			
Vendor:			
Description of Order:	T 9		
Contact #:	email:		
Canceled: Yes No			
Actions/Notes:			
Vendor:			
Description of Order:			
Contact #:	email:		
Canceled: Yes No	1		
Actions/Notes:			
Vendor:			
Description of Order:			
Contact #:	email:		
Canceled: Yes No			
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:	
Γ	
Vendor:	
Description of Order:	T
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Vendor:	
Description of Order: Contact #:	omail.
	email:
Canceled: Yes No	
Actions/Notes:	
Vendor:	1
Description of Order:	
Contact #:	email:
Canceled: Yes No	Citian.
Actions/Notes:	
Actions/Notes.	



Custom and/or Standing Customer Orders to Cancel

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
r	
Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
_	
Contain	
Customer:	
Description of Order:	La casa
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Customer:	
Description of Order:	
Contact #:	email:
	eman.
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	eman.
Actions/Notes:	
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.
 - o 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.
 - o 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.
 - o 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.
 - o 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:





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

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

Aged Sales Forecast and Accounts Receivable Chart



Accounts Receivable	0-30	31-60	61-90	90+	Total
SubTotal Accounts					
Receivable (page 2)					
SubTotal Accounts					
Receivable (page 1)					
SubTotal Sales					
TOTAL SALES & AR					

Recovery Goals Worksheet



Business Goal	To Do	By When	By Whom
Dusilless Gual	10 00	by writeri	By WHOIII
e.g., re-evaluate product lines	create sales by product list	xx/xx	Sales Manager
e.g., re evaluate product intes	create sales by product list	AA/ AA	Jaies Manager
			1



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



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
C.g., close for 1 month	temp layon	notify employees	NA NA	····c



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



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:	

Quick 3 Month Cash Flow





-	Month 1	Month 2	Month 3	TOTAL
Total Income				
Total Cost of Goods Sold (COGS)				
Gross Profit				
Expense		T	1	1
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				
D/I Month #1				
P/L Month #1 Total Cash Flow Projected				
		1		

NOTES:	

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:			eman.	
Address.				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/		completed & Sent.		
Application requirements,	wotes.			
Received \$	Date:			
Name of Source:				
Contact #:			email:	
Address:				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/	Notes:			
Received \$	Date:			
neceived 5	Date.			
Name of Source:				
Contact #:			email:	
Address:			Ciliani	
7.00.000				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/		'		
,				
Received \$	Date:			

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:			eman.	
Address.				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/		completed & Sent.		
Application requirements,	wotes.			
Received \$	Date:			
Name of Source:				
Contact #:			email:	
Address:				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/	Notes:			
Received \$	Date:			
neceived 5	Date.			
Name of Source:				
Contact #:			email:	
Address:			Ciliani	
7.00.000				
Applied Required?: Yes	No	Completed & Sent:		
Application Requirements/		'		
,				
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-	DC A'S
Bank Loans (personal) OKLAI Small Business Dev	HO MA Hopment Centers
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:		

Jobs Needed to Reopen Worksheet

Job Title/Description	Current Employee	Returning Employee	New Employee	# of hours	Salary/Hourly Wage	Confirmed
			_			

Jobs Needed to Reopen Worksheet

Job Title/Description	Current Employee	Returning Employee	New Employee	# of hours	Salary/Hourly Wage	Confirmed
		. ,	_	#	.	

Local Business Assessment

Business	Open	Closed	Date Reopening

Local Business Assessment

Business	Open	Closed	Date Reopening

Equipment Assessment List

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

Equipment Assessment List

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

Media List for Reopening

Type of Media/Placement/Location	ıı	q								
	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	х	х	\$250	xx/xx		xx/xx		xx/xx		\$750
Total Cost										

Media List for Reopening

Type of Media/Placement/Location	n	q								
	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	х	х	\$250	xx/xx		xx/xx		xx/xx		\$750
Total Cost										

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				

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				