# **Disaster Recovery Guide for Business**



You may be in business for yourself – but you don't have to be in business by yourself

#### **America's SBDC Iowa Recovery Guide for Business**

Welcome to the Disaster Recovery Guide for Business.

It is designed as a working guide that will direct you through the steps as you consider how to proceed post-disaster.

It can also be used in conjunction with your local America's SBDC Iowa Advisor, who is ready to help you walk through all of the steps. Or, if you choose not to work with an advisor, it is set up so you can do the steps by yourself.

We wish you well through this process.

— The Staff of America's SBDC Iowa

#### **Table of Contents** First Assessment – Personal Page 1-2 Instructions on Use of the Guide Page 3-4 Flow Chart Page 5 First Assessment Post-disaster – Business Page 7 Page 9-10 **Preliminary Actions** Current Financial Position of Your Business Page 11 Should You Reopen Your Business? Page 13 What Are Your Chances for Success? Page 15 **Recovery Plan** Page 17 Funding the Reopening of Your Business Page 19 Sources of Financing Page 21-22 **Reopening Steps** Page 23-26 **Closing Comments** Page 27 Worksheets and Lists to Complete Page 28-68



Funded in part through a Cooperative Agreement with the U.S. Small Business Administration and their Portable Assistance Program. All opinions, conclusions, and/or recommendations expressed herein are those of the author(s) and do not necessarily reflect the views of the SBA.

### **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:

America's SBDC Iowa 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:

### **Instructions on how to use the rest of the America's SBDC Iowa Disaster Recovery Guide for Business:**

- We suggest that you get an accordion file with a handle (or some kind of folder that can be closed and easily carried) and gather all your information in one place. 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, make assessments, answer questions, and make the best business decision for you and your company. It is designed as a series of steps.
  - a. We have provided an overview, in the form of a flow chart, of the steps that need to be taken. (See page 5.)
- 3. The guide is also designed to be your worksheet and has checklists and places to record actions that need to be taken.
- 4. There is lots of space for notes.
- 5. If something has a star  $\bigstar$  that means there are additional sheets that will make it easier to gather and organize the information that you will need.
- 6. We will help you maneuver through the following assessments and action steps by keeping in touch with you in the method most helpful to you (phone, email, and in-person check-ins).

Take the time to answer the questions carefully and give yourself plenty of time and space to make your decisions.

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.

Businesses have told us that they felt the pressure of all the well-meaning folks around them who want the same thing. But this is your business and your life, and you need to make the best possible decision for yourself and for your family—and that takes time.

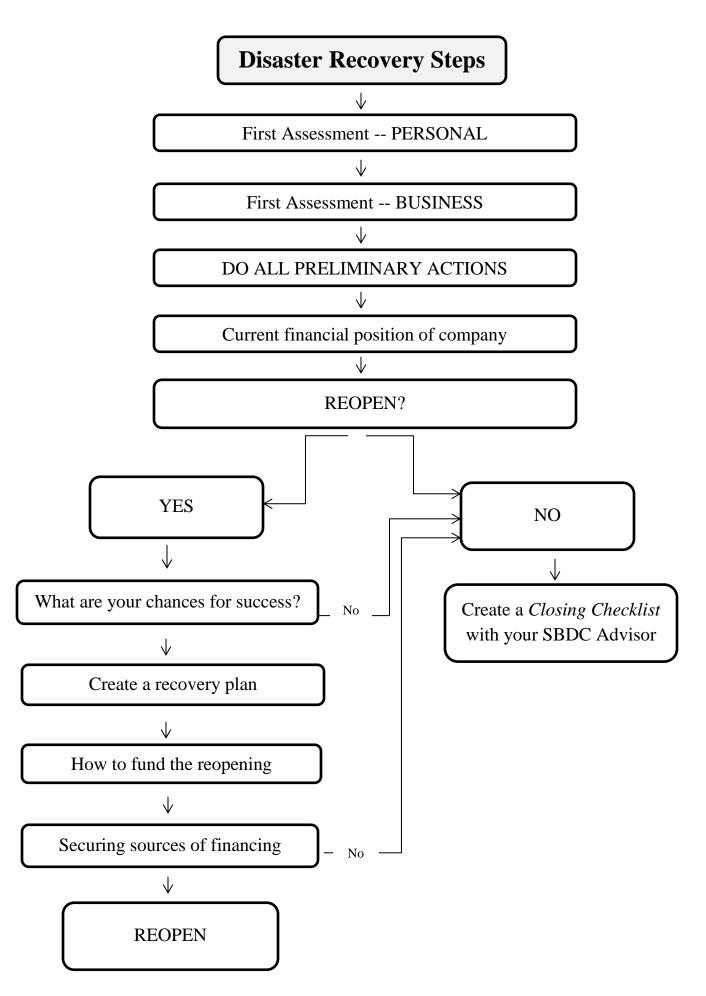
As hard as it will feel to complete this workbook, businesses that worked through these steps with the Iowa SBDC tell us that it was well worth it and that their overall recovery was more successful.

We are here to help you.

7. 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:**



\_\_\_\_

### **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?					
<ul> <li>Does the business have a web site that is still active?</li> <li>a. Should it be shut down?</li> <li>b. Should a message be placed on it telling clients what has happened and to stay tuned?</li> </ul>					
Losing money daily? How much? Use the Quick Cash Loss 🖈 Calculation sheet.					
How much do you need to live on? Use Personal Budget Sheet. ★					
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 Iowa 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).					
Use Key Stakeholder sheet.					
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?					
Use Aged AP sheet if you					
don't have one from					
QuickBooks or other $\bigstar$					
accounting source.					
Contact vendors about					
payment schedules. (Ask for					
best deal.)					
Make decisions about staff					
in immediate future.					
Layoff? Refer to					
unemployment? DUA?					
Keep some?					
Use Employee Action List					
Postpone purchasing					
supplies/inventory?					
Cancel orders that you have					
made?					
Use Vendor Orders to 🛪					
Cancel List					

Question	Yes	No	Action and/or Comments	By whom	By when
Customer orders? Can you					
fulfill them? Have they been					
lost?					
Use Customer Orders 🔶 Action List					
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.					

### 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 Iowa 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: Use Reconstruction Financial Data sheet.					
What is your insurance agent telling you about your poilcy and what will be covered and what won't be covered? Make a list.					
Determine available cash. Use Aged Accounts Receivable and Sales Chart for the next 30/60/90 days.					
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 Iowa 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?			
<ul><li>Exit plan before the disaster?</li><li>a. Age?</li><li>b. Health?</li><li>c. Anyone to leave the business to?</li></ul>			
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? Use Recovery Goals					
Worksheet.					
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? Use					
Recovery Plan Worksheet. ★					
Adequate resources (staff,					
finances, etc.) to bring the					
business up to normal operating					
levels?					
Cost to execute your recovery					
plan? Use Cost Estimations for					
Re-opening. 🛪					
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?					
Use 3 Month Cash Flow					
Worksheet.					
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.					
Use Grants and					
Alternative Funding					
Sources List. 🗙					
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: a. What you will be using the money for? Use Sources and Use Worksheet. 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? a. Family b. Friends c. Other investors					

\_

### **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.					
Use Jobs Needed to Re-open $\bigstar$					
Worksheet.					
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?)					
Use Local Business Assessment List.					
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. Use the Equipment Assessment List.					
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?					
<ul><li>Before reordering, check past sales data:</li><li>a. What was selling?</li><li>b. What was not?</li></ul>					
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					
<ul> <li>a. Type</li> <li>b. Message</li> <li>c. Cost</li> <li>d. Working: yes/no</li> </ul>					
Apply this assessment to new media plan. Reopening ad plan:					
<ul><li>a. Traditional media</li><li>b. Social media</li><li>c. Online media</li></ul>					
Use the Media List for Reopening. $\bigstar$					
Price/Budget for media plan. a. Add cost to above list.					

Question	Yes	No	Action and/or Comments	By whom	By when
<ul><li>Reopening event?</li><li>a. Work with local chamber of commerce.</li><li>b. Appropriate press releases.</li></ul>					
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. Use Thank You list.					
When there is time, send thank you 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 America's SBDC Iowa offers one-on-one, confidential, no-cost business advising, and we hope to be able to continue to work with you. It's easy to schedule an appointment on our website, iowasbdc.org, and clicking on Request for Counseling.

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.

Also, we have other materials on disaster prevention. As you reopen and get settled it will—sooner rather than later—be time to make your disaster preparedness plans.

## **WORKSHEET SECTION**

### **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		Ш	

NOTES:

\_

#### FAMILY/PERSONAL BUDGET

Expense	Monthly Amount
Auto Fuel	\$
Thato I dynam	Ψ
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	Ś
Telephone & Cell	\$
Tuition	\$
Vacations	\$
Vet/Pet	\$
Water & Sewer	\$
Other:	\$
Other:	\$
Total	\$
	Ψ
Subtract: Other Family Members' Contributions	\$
	Ψ
Your Needed Contribution	\$
	Ψ

\_\_\_\_

### Key Stakeholders

Name:	Relationship:
Contact #:	email:
	eman.
Contacted: Yes No	
Actions/Notes:	

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

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

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

# Key Stakeholders

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

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

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

Name:	Relationship:
Contact #:	email:
Contacted: Yes No	·
Actions/Notes:	

# Aged Accounts Payable

**Amount Due** 

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

# Aged Accounts Payable

**Amount Due** 

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

# **Employee Action List**

Name:				
Job Title/Fu	inction:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Not	tes:			
Numer				
Name:				
Job Title/Fu	inction:			
Contact #:	I Off		email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Not	tes:			
Name:				
Job Title/Fu	nction:			
Contact #:	inetion.		email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Not	Ŧ	Fian to Kenne.	Referred to Onemployment.	IO DUA.
Actions/100	les:			
Name:				
Job Title/Fu	inction:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Not	Ŧ		First	
110010115/1100				
Name:				
Job Title/Fu	inction:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/Not				

# **Employee Action List**

Name:				
Job Title/F	Function:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/N	otes:			
Name:				
Job Title/F	Function:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/N	otes:			
Name:				
Job Title/F				
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/N	otes:			
Name:				
Job Title/F	Function:			
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/N	otes:			
Name:				
Job Title/F				
Contact #:			email:	
Keep:	Lay Off:	Plan to Rehire:	Referred to Unemployment:	to DUA:
Actions/N	otes:			

#### 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:		
<b>X</b> Y 1		
Vendor:		
Description of Order		
Contact #:		email:
Canceled: Yes	No	
Actions/Notes:		
Vendor:		
Description of Order		
Contact #:	•	email:
Contact #. Canceled: Yes	No	cilian.
Actions/Notes:	110	
Actions/motes:		

#### Vendor Orders to Cancel

Vendor:		
Description of Order	r:	
Contact #:		email:
Canceled: Yes	No	
Actions/Notes:		
X7 J		
Vendor:		
Description of Order	r:	
Contact #:	N.	email:
Canceled: Yes Actions/Notes:	No	
Actions/Inotes:		
Vendor:		
Description of Order	r:	
Contact #:		email:
Canceled: Yes	No	
Actions/Notes:		
Vendor:		
Description of Order	r:	1
Contact #:		email:
Canceled: Yes	No	
Actions/Notes:		
Vendor:		
Description of Order	r	
Contact #:		email:
Canceled: Yes	No	
Actions/Notes:		
1 10110/110/0003.		

# Custom and/or Standing Customer Orders to Cancel

Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Customer:	
Description of Order:	1
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	cinan.
Actions/Notes:	
Customer:	
Description of Order:	
Contact #:	email:
Canceled: Yes No	
Actions/Notes:	
Customer:	
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	
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. <u>http://www.naic.org/state\_web\_map.htm</u>
- 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:** 

\_\_\_\_

# 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					

# 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					
I O I AL DALLO & AN					

#### **Recovery Goals Worksheet**

Business Goal	To Do	By When	By Whom
e.g., re-evaluate product línes	create sales by product list	xx/xx	Sales Manager
			,

#### **Recovery Goals Worksheet**

Business Goal	To Do	By When	By Whom
			J
e.g., re-evaluate product línes	create sales by product list	XX/XX	Sales
	-		Manager
		1	

**Recovery Plan Worksheet** 

Business Activity	Recovery Action	To Do	By When	By Whom
e.g., close for 1 month	temp layoff	notífy employees	xx/xx	те
	<u> </u>			

## **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
	1		1	I

# **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**

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				
<b>Repairs and Maintenance</b>				
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:** 

\_\_\_\_

## Grants and Alternative Funding Sources List

Name of Source:		
Contact #:		email:
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/N	otes:	
Received \$	Date:	
Name of Source:		
Contact #:		email:
Address:		eman.
Address.		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/N		
Received \$	Date:	
Name of Source:		
Contact #:		email:
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/N	otes:	
Received \$	Date:	
	2	
Name of Source:		
Contact #:		email:
Address:		
Applied Required?: Yes	No	Completed & Sent:
Application Requirements/N	otes:	
Received \$	Date:	

## Grants and Alternative Funding Sources List

Contact #:       email:         Address:				
Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:	Contact #:			email:
Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:         Applied Required?: Yes No         Completed & Sent:         Applied Required?: Yes No         Completed & Sent:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Application Requirements/Notes:         Name of Source:         Contact #:         Pate:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:	Address:			
Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:         Applied Required?: Yes No         Completed & Sent:         Applied Required?: Yes No         Completed & Sent:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Application Requirements/Notes:         Name of Source:         Contact #:         Pate:         Name of Source:         Contact #:         Address:         Applied Required?: Yes No         Completed & Sent:				
Received \$       Date:         Name of Source:       email:         Contact #:       email:         Address:          Applied Required?: Yes No       Completed & Sent:         Application Requirements/Notes:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes No       Completed & Sent:         Applied Required?: Yes No       Completed & Sent:         Applied Required?: Yes No       Completed & Sent:         Application Requirements/Notes:          Received \$       Date:         Name of Source:          Contact #:       email:         Address:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes No       Completed & Sent:	Applied Required?: Yes	No	Completed &	& Sent:
Name of Source:       email:         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:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:	Application Requirements/No	otes:		
Name of Source:       email:         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:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:				
Name of Source:       email:         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:         Application Requirements/Notes:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:				
Name of Source:       email:         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:         Application Requirements/Notes:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:		D		
Contact #:       email:         Address:	Received \$	Date:		
Contact #:       email:         Address:	Name of Source:			
Address:				amail
Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:				eman.
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 #:         Address:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Address:         Applied Required?: Yes No Completed & Sent:	nuaress.			
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 #:         Address:         Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:         Address:         Address:         Applied Required?: Yes No Completed & Sent:	Applied Required?: Yes	No	Completed &	& Sent:
Received \$       Date:         Name of Source:       email:         Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:          Application Requirements/Notes:          Name of Source:          Contact #:       email:         Address:          Applied Required?: Yes       No         Completed & Sent:				
Name of Source:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:       Pate:         Received \$       Date:         Name of Source:       Contact #:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No         Completed & Sent:       Completed & Sent:	II			
Name of Source:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:       Pate:         Received \$       Date:         Name of Source:       Contact #:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No         Completed & Sent:       Completed & Sent:				
Name of Source:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:       Pate:         Received \$       Date:         Name of Source:       Contact #:         Contact #:       email:         Address:       Address:         Applied Required?: Yes       No         Completed & Sent:       Completed & Sent:				
Contact #:       email:         Address:	Received \$	Date:		
Contact #:       email:         Address:				
Address:         Applied Required?: Yes       No         Completed & Sent:         Application Requirements/Notes:         Received \$         Date:         Name of Source:         Contact #:         Address:         Applied Required?: Yes         No         Completed & Sent:				1
Applied Required?: Yes       No       Completed & Sent:         Application Requirements/Notes:				email:
Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:	Address:			
Application Requirements/Notes:         Received \$ Date:         Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:				
Received \$       Date:         Name of Source:		N.T.	<u> </u>	
Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:			Completed &	& Sent:
Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:			Completed &	& Sent:
Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:			Completed &	& Sent:
Name of Source:         Contact #:       email:         Address:         Applied Required?: Yes       No         Completed & Sent:			Completed &	& Sent:
Contact #:     email:       Address:	Application Requirements/No	otes:	Completed &	& Sent:
Address:         Applied Required?: Yes       No         Completed & Sent:	Application Requirements/No	otes:	Completed &	& Sent:
Applied Required?: Yes No Completed & Sent:	Application Requirements/No Received \$	otes:	Completed &	& Sent:
	Application Requirements/No Received \$	otes:	Completed &	
	Application Requirements/No Received \$ Name of Source: Contact #:	otes:	Completed &	
Application Requirements/Notes:	Application Requirements/No Received \$ Name of Source: Contact #:	otes:	Completed &	
	Application Requirements/No Received \$ Name of Source: Contact #: Address: Applied Required?: Yes	Date:		email:
	Application Requirements/No Received \$ Name of Source: Contact #: Address: Applied Required?: Yes	Date:		email:
	Application Requirements/No Received \$ Name of Source: Contact #: Address: Applied Required?: Yes	Date:		email:
Received \$ Date:	Application Requirements/No Received \$ Name of Source: Contact #: Address: Applied Required?: Yes	Date:		email:

#### 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	

**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
		<u> </u>	<u> </u>			

#### Local Business Assessment

Business	Open	Closed	Date Reopening

#### Local Business Assessment

Business	Open	Closed	Date Reopening

## Equipment Assessment List

Equipment Name				Reopen			rerage Y/N	e for Use			erage Y/N			e for Use
	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
	-		]			•				<u> </u>				

## Equipment Assessment List

Equipment Name				n			λ/N	Jse			λ/N			Jse
			ir	Necessary to Reopen			Insurance Coverage Y/N	Date Available for Use			Insurance Coverage Y/N			Date Available for Use
	king	Destroyed	Needs Repair	ssary to	ir	S	ance Co	Availa	ace	S	ance Co		9	Availa
	Working	Desti	Need	Nece	Repair	Cost \$	Insur	Date	Replace	Cost \$	Insur	Buy	Lease	Date

# Media List for Reopening

Type of Media/Placement/Location										
	ritten	gned	nt							st
	Copy Written	Ad Designed	Cost per Placement	Date # 1	Date #2	Date #3	Date #4	Date #5	Date #6	Total Cost
	0	A								
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: Daíly Tímes	Х	Х	\$250	xx/x x		XX/X X		xx/x x		\$750
Total Cost										
	•				•				•	

# Media List for Reopening

Type of Media/Placement/Location										
	ritten	gned	nt							ost
	Copy Written	Ad Designed	Cost per Placement	Date #1	Date #2	Date #3	Date #4	Date #5	Date #6	Total Cost
	Ŭ	A								
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	Х	Х	\$250	XX/X X		XX/X X		xx/x x		\$750
Total Cost										

# Thank You List

	<b>Reason to Thank</b>	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

	<b>Reason to Thank</b>	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				