



Illinois Department of Commerce & Economic Opportunity

JB Pritzker, Governor

COVID-19 Impact

Accurate responses to the questions below will assist in evaluating a request for an economic injury disaster declaration from the U.S. Small Business Administration.

Note: We realize many of the questions below from SBA are positioned as though the economic injury has already occurred and the reality is, it is ongoing. We ask that you estimate this impact to the best of your ability.

Example: For start date of impact, you can enter as early as 1/31/2020 and for end date - weeks to months out. Questions about revenue can also be estimated.

This process is typically completed following disasters such as floods, tornadoes, etc and this is a bit of a different situation.

We are working diligently to get ahead of this prior to any conclusion of this disaster and greatly appreciate all of your help with this.

Information obtained from this form will only be used to assist in requesting an economic injury disaster declaration from SBA and identifying greatest areas of need.

Number of Employees *

Business Name *

Owner Name *

First Name

Last Name

Business Phone Number *

Contact Name *

First Name

Last Name

Contact Email *

example@example.com

Contact Phone *

Business Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

County ***Is the mailing address different from the business address? ***

- ☐ Yes
☐ No

Has COVID-19 economically impacted your business? *

- ☐ Yes
☐ No

How many people did you employ PRIOR to COVID-19? ***How many people did you employ AFTER COVID-19? (estimated) *****Did your business also suffer property damage? ***

- ☐ Yes
☐ No

Do you anticipate a loss of revenue for your business due to COVID-19? *

- ☐ Yes
☐ No

Please list out any major contracts interrupted or lost in the future.

Examples: Schools, Events, etc...

Is your company well-equipped for telecommuting? *

- ☐ Yes
☐ No

Do you anticipate any of your employees will need to take unpaid leave? *

- ☐ Yes
☐ No

Is there anything else you would like to share with us?

Business Owner or Representative Signature *[Clear](#)**Business Owner or Representative Name ***

First Name

Last Name

Date

Date