

Impact of COVID on Business Operations

Instructions to Applicant:

1. Enter **Business Name, Owner Name, Gross Income** and **Total Expense** for each month in the gray cells below.
2. See results in blue cells and read footnotes and NOTES at bottom of spreadsheet.

Name of Business: _____

Owner Name: _____

| 2019 Profit & Loss Summary | | | | | | | | | | | | | |
|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|--------------------|
| | January | February | March | April | May | June | July | August | September | October | November | December | Total ¹ |
| Gross Income | | | | | | | | | | | | | \$0 |
| Total Expense | | | | | | | | | | | | | \$0 |
| Net Profit (or Loss) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Provide any notes you would like to share on 2019 income and expense: | | | | | | | | | | | | | |

| 2020 Profit & Loss Summary | | | | | | | | | | | | | |
|---|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|-------|
| | January | February | March | April | May | June | July | August | September | October | November | December | Total |
| Gross Income ¹ | | | | | | | | | | | \$0 | \$0 | \$0 |
| Total Expense | | | | | | | | | | | \$0 | \$0 | \$0 |
| Net Profit (or Loss) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Provide any notes you would like to share on 2020 income and expense: | | | | | | | | | | | | | |

| IMPACT OF COVID: Profit & Loss Comparative Summary | | | | | | | | | | | | | |
|--|---------|----------|-------|-------|-----|------|------|--------|-----------|---------|----------|----------|-------|
| | January | February | March | April | May | June | July | August | September | October | November | December | Total |
| Change in Gross Income | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| Change in Expense | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| Change in Net Profit (or Loss) | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| | | | | | | | | | |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Change in Net Profit for time period of March 10 - October 31, 2020 = "Impact of COVID on Business Operations" | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|

Total Change in Net Profit:

| |
|-----|
| \$0 |
|-----|

NOTE: Grant request can not exceed the **Total Change in Net Profit** for the time period of March 10, 2020 - November 1, 2020. ²

ALSO NOTE: **Total Change in Net Profit** must be at least \$2,500 in order to be eligible for COVID Recovery Grant.

¹ Note on Duplication of Benefits: I include all local, state and federal funds received through grants or loans.

² Maximum Grant is \$10,000.