



**SURVEY OF BUSINESSES**

**Purpose: The purpose of this survey is to assess the specific needs of the [LOCATION] business community as well as the effectiveness of the initial recovery effort following [EVENT].**

Pledge of confidentiality: Participation in this survey is voluntary. Individual responses will not be revealed to any unauthorized party; however, responses can and will be used for law enforcement purposes.

18 USC §1001 prohibits any false statement, oral or written, to a government agent or agency in an official manner. An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1601-NEW and this form will expire on mm/dd/yyyy. The estimated average time to complete this survey is 15 minutes per respondent. If you have comments regarding this survey you can write to:

Gary S. Becker, Department of Homeland Security, Private Sector Office, Washington, DC 20528;  
Gary.Becker@dhs.gov ; (202) 282-9013

Instructions: Provide a response to all questions (except 10-12 if no paid employees), even if the response is "Unknown", "Refused", or "Not Applicable". For questions marked "Not Applicable", explain why. Please make answers as specific as possible. Where specific numbers are not available, best approximations are welcomed.

**PLEASE PRINT LEGIBLY**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cross St.: \_\_\_\_\_ County (Parish): \_\_\_\_\_  
 Your Name: \_\_\_\_\_  
 Company Point of Contact (if different): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What is the primary function of this business? \_\_\_\_\_

Is the company's address also a residence? Yes / No

Does your business have more than one establishment? Yes / No

If yes, how many? \_\_\_\_\_ How many were affected by [EVENT]? \_\_\_\_\_

1. Immediately following [EVENT] on [DATE] your business: (Circle One)

Suspended all operations      Suspended some operations      Maintained all operations

Have operations resumed? Yes / No      If yes, what date? \_\_\_\_\_

2. What is the estimated sales volume loss since [DATE]? \$ \_\_\_\_\_

What is your current sales volume compared to *before* [EVENT]? (Circle One)

100% or better      80-99%      50-79%      20-49%      0-19%

3. Did your business or any establishments in your business relocate? Yes / No

If yes, where to? \_\_\_\_\_

4. How much damage did your business sustain?

Building \$ \_\_\_\_\_  
 Inventory \$ \_\_\_\_\_  
 Equipment \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
 TOTAL \$ \_\_\_\_\_

5. What part of your business did [EVENT] affect the most? (Circle all applicable)

Inside Building      Outside Building      Inventory      Equipment      Other \_\_\_\_\_

6. Was your business insured against an event such as [EVENT]? Yes / No

If only partially insured, please explain \_\_\_\_\_  
\_\_\_\_\_

7. Have you filed a claim yet on insured goods? Yes / No

If yes, have you received any payment for your claim? Yes / No / Claim Rejected

How long did it take? \_\_\_\_\_

8. Did you lose any of the following services after [EVENT]? Please indicate if and when any lost services were restored.

Service	Service Lost? (Y / N)	Restored? Please include approximate date
Electricity		
Telephone		
Natural Gas		
Water and Sewer		
Mail		

9. Aside from owners or partners, does your business have any paid employees? Yes / No

*If no paid employees, please skip to question 13*

10. How many employees did your business have prior to [EVENT]? \_\_\_\_\_

How many employees are available for work now? \_\_\_\_\_

Does your business have enough labor to maintain operations? Yes / No

11. Are you able to meet payroll? Yes / No If so, for how long? \_\_\_\_\_

12. How many of your employees can you confirm have housing? \_\_\_\_\_ (Include # or circle one below)

All                                      Most                                      Some                                      None

13. Does your business plan to declare bankruptcy? Yes / No / Unsure at this time

14. Please describe any other obstacles preventing your business from operating fully.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please use the rest of this space for any other comments, concerns or needs you have.**