

U. S. SMALL BUSINESS ADMINISTRATION

Disaster Survey Worksheet

Disaster Assistance - FOC

State	Name of Governor or Authorized Representative	Date of Request
Type and Cause of Disaster	Date(s) of occurrence	Date(s) of Survey
County or Political Subdivision Surveyed	SBA Survey Team Member(s)	

DAMAGE SUMMARY

Estimated Properties Affected					Major Damage Qualifying for SBA Purposes		
	Homes		Businesses/Non-Profit			Number	\$ Amount
	Number	\$ Amount	Number	\$ Amount			
Majors					Homes		
Minors					Business		
TOTALS					TOTALS		

Comments:

FOC Recommendation

Approve

Disapprove

FOC Director's Signature _____ Date _____

PLEASE NOTE: The estimated burden for completing this form is 5 minutes per response. You are not required to respond to any collection of information unless it displays a current valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington, DC 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0136). **PLEASE DO NOT SEND FORMS TO OMB.**