

Expiration Date: xx/xx/xxxx

OMB Approval No. 3245-0136

Purpose of form: This form is for use by SBA's Office of Disaster Assistance only to record information regarding disaster damage.

U. S. SMALL BUSINESS ADMINISTRATION							
			Disaster S	Survey Work	sheet		
	Disaste	er Assistance - F	Field Operation	s Center (FOC)		
State			Name of Governor or Authorized Representative		resentative	Date of Request	
Type and Cause of Disaster			Date(s) of occurrence		Date(s) of Survey	Date(s) of Survey	
County or Political Subdivision Surveyed				SBA Survey Team Member(s)			
			DAMA	 AGE SUMMAR	<u> </u>		
Estimated Properties Affected				Major Damage Qualifying for SBA Purposes			
	Homes		Businesses/Non-Profit		1,1	Number	\$ Amount
	Number	\$ Amount	Number	\$ Amount	Homes		
Majors					Business		
Minors					Non-Profit		
TOTALS					TOTALS		
FOC Recommendation FOC Director's Signature				Approve	Date	Disapprove	

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