OMB No. 3245-0017 Expiration Date: xx/xx/xxxx



U. S. Small Business Administration

ADDITIONAL FILING REQUIREMENTS ECONOMIC INJURY DISASTER LOAN (EIDL), and MILITARY RESERVIST ECONOMIC INJURY DISASTER LOAN (MREIDL)

- * An EIDL is limited to providing working capital that is unavailable from other sources, as determined by the U.S. Small Business Administration (SBA), for an eligible business to continue operations until the effects of the declared disaster have passed.
- * A MREIDL is limited to providing working capital that is unavailable from other sources, as determined by the SBA, for an eligible business to continue operations until the effects of a call-up to active service for a period of more than 30 consecutive days of an essential employee have passed.
- * The APPLICANT must be a small business or small agricultural cooperative, as defined in SBA's published size standards, or an eligible private non-profit organization of any size.
- * The APPLICANT must establish that the claimed economic injury is substantial and is a direct result of the declared disaster. For MREIDL, the applicant must establish the claimed economic injury is substantial and is a direct result of the call-up of an essential employee. Substantial economic injury generally means a decrease in income from operations or working capital with the result that the business is unable to meet its obligations and pay ordinary and necessary operating expenses in the normal course of business.
- * The 1368 is required for an economic injury loan increase requests when supporting documentation is not available.

PROVIDE THE FOLLOWING INFORMATION IN ADDITION TO THE REQUIREMENTS ON THE "DISASTER BUSINESS LOAN APPLICATION," SBA FORM 5 Monthly Sales Figures

Provide monthly sales figures (you may estimate if actual figures are not available) beginning 3 years prior to the disaster and continuing through the most recent month available.

PLEASE NOTE: Identify any estimates with a small letter "e" after the number.

| | T ELAGE NOTE: Identity any estimates with a small letter to after the number. | | | | |
|---------|---|-------------|-------------|--------------------------|--|
| Month | Fiscal year | Fiscal year | Fiscal year | Current year/ to date | |
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| *Totals | | | | | |

^{*}Please note: the total figures for each year should reconcile to the sales figures on your tax returns for the corresponding fiscal year.

PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL INFORMATION YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS

CONTINUED ON REVERSE

It can be helpful to provide a financial forecast to illustrate what the income and expenses for the business will be during the period affected by the disaster until normal operations resume. This is not required.

This optional format is provided for your convenience.

| Period covered by this forecast. From | То | | |
|--|----|--|--|
| Net sales (receipts) | | | |
| Less cost of goods sold | | | |
| 2000 0001 01 90000 3010 | | | |
| Gross profit | | | |
| | | | |
| Less expenses | | | |
| Officers salaries | | | |
| Employee wages | | | |
| | | | |
| Advertising | | | |
| <u> </u> | | | |
| Rent | | | |
| Utilities | | | |
| Othluos | | | |
| Interest | | | |
| Taxes | | | |
| Idaes | | | |
| Insurance | | | |
| | | | |
| Other expenses | | | |
| Total expenses | | | |
| Τοιαι ολροπούο | | | |
| Net profit <loss> before income taxes</loss> | | | |

PLEASE SUBMIT ANY ADDITIONAL NARRATIVE OR FINANCIAL INFORMATION YOU FEEL WILL HELP ESTABLISH YOUR ECONOMIC LOSS

PLEASE NOTE: The estimated burden for completion of this form, including gathering the information and completing and reviewing the response, is 1 hour. Your responses to the requested information are required in order to obtain a benefit under SBA's Disaster Business Loan Programs. You are not required to respond to this information collection unless a valid OMB control number is displayed. The number for this collection of information is 3245-0017. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Director, Records Management Division, 409 3rd Street, S.W., Washington, DC 20416, and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. PLEASE SUBMIT THE COMPLETED FORM ACCORDING TO THE INSTRUCTIONS ABOVE. PLEASE DO NOT SEND FORMS TO OMB.