



# COLORADO SBDC BUSINESS RECOVERY INTAKE FORM

Center: \_\_\_\_\_

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  
Last First MI

Do you have employees?  Yes  No How Many Employees: \_\_\_\_\_ How Long in Business? \_\_\_\_\_

Was your business affected by a natural disaster in 2012?  Yes  No Identify: \_\_\_\_\_

How did you learn about the center?  Newspaper  Radio  TV  E-mail  Word of Mouth  Town Hall Meeting  
 Website: \_\_\_\_\_  Other (i.e. Chamber, Assoc.) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
ZIP code: \_\_\_\_\_

Phone (H-B-C): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone (H-B-C): \_\_\_\_\_ Best time to call? \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS	
<input type="checkbox"/>	wholesale
<input type="checkbox"/>	retail
<input type="checkbox"/>	service
<input type="checkbox"/>	manufacturing
<input type="checkbox"/>	construction
<input type="checkbox"/>	agri-business
<input type="checkbox"/>	fishing
<input type="checkbox"/>	other (describe)

**DAMAGE:** Use estimated where actuals are not available

		<u>LOSS ESTIMATE</u>	<u>% Damage</u>	<u>INSURED?</u>
Physical Damage to Business	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Economic injury (lost sales):	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business interruption coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are employees at risk of being laid off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many? _____		

**BUSINESS NEEDS:**

Immediate needs of the businesses (loan deferments, cash, other)

Access to space  Temporary office Space  Other eqpt (tools)   
Gap Financing  Computer Eqpt.  Other

What long term needs do you foresee? \_\_\_\_\_  
\_\_\_\_\_

**OTHER ASSISTANCE REQUESTED:**

Person taking information: \_\_\_\_\_ Time Spent: \_\_\_\_\_