

Abbeville

SOUTH CAROLINA



*Pretty.
Near.
Perfect.™*

Statement of Economic Impact due to COVID-19

Business: _____

Phone/Email: _____

Contact Person: _____

Answers to the following questions will be used to help gauge the economic impact of the COVID-19 outbreak on the City of Abbeville. Participation in filling out this form is completely voluntary and not required. Please note that the information may be shared with state and federal agencies.

Has the COVID-19 outbreak:

1. Forced your business to reduce hours? Y / N
 - a. If so, what is your reduction in hours per week: _____
2. Forced you to cut hours for employees? Y / N
 - a. If so, how many employees? _____
 - b. How many overall hours? _____
3. Resulted in your business laying off employees? Y / N
 - a. If so, how many? _____
4. Resulted in decreased sales? Y / N
 - a. If so, what is the percent loss per week? _____
 - b. Actual revenue lost per week? _____
5. Resulted in your business missing utility payments or other bills? Y / N

In your own words, please describe the impact of COVID-19 on your business (Attach a separate sheet of paper if necessary):

If possible, can you place an estimated dollar amount which would give the overall impact of the COVID-19 outbreak on your business?

By signing below, I understand that the information provided in this form may be shared with other agencies besides the City of Abbeville who are working to develop responses to the COVID-19 outbreak which would alleviate some of the strain on small businesses. I also understand that filling out this form is voluntary and does not guarantee my business relief or aid from the federal, state, or local level.

Signature: _____ Date: _____