



## COVID-19 Business Relief Analysis Questionnaire

Answer the questions below addressing all required fields. Fill in the far right column.

1. Company Name		
2. Number of Employees <i>(please enter an integer)</i>		
3. Average Monthly Gross Payroll Expense <i>(please enter an integer)</i>		
4. Does the company have more than 100 full-time employees? <i>(Please enter "Yes" or "No")</i>		
5. Is the company a restaurant? (NAICS sector 72 - Accommodation and Food Services sector) <i>(Please enter "Yes" or "No")</i>		
6. Have operations been or will they be fully or partially suspended, due to a COVID 19 related shut down order? <i>(Please enter "Yes" or "No")</i>		
7. Have gross receipts declined or will they decline by more than 50 percent when compared to the same quarter in 2019? <i>(Please enter "Yes" or "No")</i>		
8. If you answered yes to either question 6 or 7, how many employees will you continue paying? <i>(please enter an integer)</i>		
9. What is the average monthly payroll for employees identified in question 8? <i>(please enter an integer)</i>		
10. Of the employees you will continue to pay (from question 8), how many will not be providing services? <i>(please enter an integer)</i>		
11. For work sites that are still operating, how many employees are unable to work or telework because they (themselves) are experiencing COVID-19 symptoms or are subject to a government COVID-19 quarantine or isolation order? <i>(please enter an integer)</i>		
12. For work sites that are still operating, how many employees are unable to work or telework because they are caring for a family member who is experiencing COVID-19 symptoms or who is subject to a government COVID-19 quarantine or isolation order? <i>(please enter an integer)</i>		
13. For work sites that are still operating, how many employees are unable to work or telework due to a child's school or place of care closing due to COVID 19? <i>(please enter an integer)</i>		

14. In what states does the company have employees? (enter at least one but up to five)		
1		
2		
3		
4		
5		

15. For the period of 4/1/19 through 3/31/20, enter the following:		
Payroll - Salaries & Wages	-	
Employee Benefits		
• Group Health Care	-	
• Dental Insurance	-	
• Worker's Comp Insurance	-	
State or Local Tax Assessed on Compensation	-	
Subcontractors		
Reductions		
• Wages Over \$100k		
• Foreign Wages		
• Qualified FFCRA Wages		

16. Notes/Comments