



ERC Questionnaire

The purpose of this form is to document a Full or Partial Suspension of operations as a result of governmental orders restricting commerce, travel, or group meetings. Although we are asking some revenue questions, a **revenue reduction is NOT required**. The goal is to accurately capture manners in which governmental orders impacted or restricted your business operations.

*Specify affected quarters (ex.: 2020 of Q2 only; 2020 Q2, Q3, and Q4).

Please answer all questions completely and to the best of your abilities to avoid any delays.

SECTION 1: CLIENT INFORMATION

Company Name:	ORO VALLEY HAND FOOT					
Company Address:	12995 N ORACLE RD STE 151					
City	TUCSON	State	AZ	Country	Zip	85739
Name & Title:	Mr. DUNG BINH LE					
Email	ovhandfootspa@gmail.com	Cell	5203950034			
What is the first date you began business operations and received revenue?						

SECTION 2: PAYROLL INFORMATION

List any owners on the employee payroll who own more than 50% of the company:

No

Do any of the owners with more than 50% ownership have any immediate or extended family members on payroll? If yes, please list them by name:

No

Do you offer Healthcare to your employees and incur costs? If yes, please include the employer dollar amount contribution in either your payroll summary reports or as a separate report in Excel format. *These costs include the employer cost for health insurance plus any employee pretax contributions under Section 125 (but not employee after-tax payments). This does NOT include Eligible Employer Contributions to HSAs or Archer MSA.

No

Do you offer Retirement Plans (i.e., 401K) to your employees? If yes, please include the employer dollar amount contribution in either your payroll summary reports or as a separate report in Excel format. *We can treat employee contributions as pre-tax salary reductions as qualified wages.

No

SECTION 3: BUSINESS DEMOGRAPHICS

Is your business considered an Essential Business? YES NO

Was there any cash register counter in your store which had to shut down due to local governance? YES NO

Briefly describe your business operations:

No

Approximate Number of Full-Time Employee Count: dividing that number by 12.

IN 2019

IN 2020

IN 2021

SECTION 4: OPERATIONAL IMPACT

In what cities and states does your business have operations? Please list the city and state your offices, retail stores, and /or warehouses are located and a quick summary of the type of business conducted at each.

TUCSON , AZ

Please describe any changes your business made to its operations (e.g., moved nail stations outdoor, reduced any good or services offered, reduced seating or indoor appointment, installed Flexi glass, reconfigured workspaces, reduced capacity, accommodated outdoor seating, limited hours of operation, stopped business flow to sanitize, purchased laptops, remote work, reduced dishes on menu due to limited supply sources additional sanitation, etc.) because of COVID orders:

They were reduced of capacities, installed flexi glass for pedicure and manicure stations, and receptionist desk. Hire more cleaning staff for extra sanitary and longer period in between customers for thorough sanitizing, we added more sanitizing stations at each corner. More face masks provided for customers and face shield were provided for staff members

Describe what your business had to do to maintain revenues. (e.g., increased prices, worked longer hours, incurred additional costs for advertising and labor, offered different goods or services:

Limited hours of operation. We had to increase the price by 20% to accommodate for price increase in materials such as acetone, color powder, sanitizer, gloves and face masks

What other changes did your business make in response to Covid-19? Things that you did not have to do before:

We could not offer any wax, massage and facial services all the way until the end of 2021 due to mandate government order of partial shutdown and face mask-wearing mandate. We actually stopped this service until now.

Did your business face higher operating cost and labor cost? If yes, by what percentage?

Yes, some items such as gloves, hand sanitizer, face masks were increased by more than 300%

Did your company close any office, retail and/or warehouse locations to comply with governmental orders related to COVID? For example, a "Stay Home, Stay Safe, Stay Healthy" order? If yes, please describe and list year and quarter(s) impacted.

We followed the stay at home and closed the store

Did your company reduce capacity at any office/retail/warehouse location? If yes, please describe and list year and quarter(s) impacted.

We reduced capacity by 50% and when opened back up only took in by appointments and partially placed the tables alternatedly every 6 ft to follow the government orders.

SECTION 5: SUPPLIER IMPACT

Did any suppliers or wholesalers close operation either temporarily or permanently because of Covid? If yes, please list their name, city, and state where they are located, and list of products impacted.

No but the cost of material went up very high

Did your business face higher cost of goods sold or raw materials or supplies? If yes, by what percentage?

Yes, some items such as gloves, hand sanitizer, face masks were increased by more than 300%

Did any suppliers have difficulty getting raw materials or goods to you because of COVID? If yes, please list your suppliers, the city and state where they are located, and list the raw materials/goods impacted.

supplier of gloves and face mask were from China originally but since it had stopped any shipment we had to order through Vietnamese restaurant supplier and paid much higher cost because we had no choice

Did your company source raw materials or goods from China or any other countries impacted by travel restrictions? If yes, please list the list the raw materials/goods impacted.

we switched the orders to Vietnamese manufacturers in Vietnam but had to pay much higher cost due to restrictions in shipping

SECTION 6: CONSUMER IMPACT

List any cities and states your clients travel FROM to conduct business with you.

Local area

Did any customers close operations or reduce operations because of COVID orders? If yes, please describe. Note: This can be used as a business sector in the worksheet to show revenue amounts impacted.

Due to covid 19 customers were scare to go get their nails done and both customers and our staff would not be willing to do other services such as waxing

Were any customers impacted by COVID to where it reduced your revenue? If yes, please describe. Note: This can be used as a business sector in the worksheet to show revenue amounts impacted.

he additional services that were normally about 30% of our overall business were stopped completely in 2020 and only slowly getting back to normal in 2021

Please describe how customer interactions changed because of COVID. (Ex: if you are a restaurant and shut down part of your facility and moved to take-out, or a real estate firm that went to virtual tours of properties).

Customres did not want to do any close contact service such as waxing and neither our staff members

Were any projects or timelines impacted? If yes, please describe. Note: This can be used as a business sector in the worksheet to show revenue amounts impacted.

Waxing service

SECTION 7: TRAVEL IMPACT

Did you have to travel out of state to continue business operations in 2020 and/or 2021?

Is there any travel that your business ordinarily would have been done in 2019 but was changed to virtual or did not occur in 2020 and/or 2021? If yes, please describe the impact to your business operations. **Note:** This can be used as a business sector in the attached worksheet to show revenue amounts impacted.

During calendar year 2019 and prior, were there any trade shows or group meetings that your sales or operations staff attended?

Did any trade shows or group meetings go virtual or get canceled in 2020 and/or 2021 because of COVID? If yes, please describe the impact to your business operations.

PLEASE SIGN AND DATE BELOW:

I certify that the information submitted is true and accurate to the best of my ability and knowledge.

Full Name:

Signature:

Date: