



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:

Company Address:

City State Country Zip

Name & Title:

Email Cell

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:

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:

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.

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.

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:

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.

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:

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:

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

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

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.

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

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.

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

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.

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.

SECTION 6: CONSUMER IMPACT

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

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.

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.

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).

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.

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: