HAWARDEN UNITED FOUNDATION
DISASTER RELIEF FUNDS - BUSINESS

BUSINESS APPLICANT INFORMATION

Business Name: _____ **Date:** _____

Address: _____ **Relocated Address:** _____

City, State, Zip: _____ **Relocated City, State, Zip:** _____

Business Description: _____ **Phone:** _____

_____ **Email:** _____

Business Owner Name(s): _____ **Years in operation:** _____

_____ **Are you currently in your business? Yes** ☐ **No** ☐

Is this an in-home business? Yes ☐ **No** ☐ **If not, are you planning to reopen? Yes** ☐ **No** ☐

Timeline for reopening: _____

1) **Level of water in business:** _____
(Examples: 6 feet in basement, basement full / 3 feet on main floor)

Approximation of Financial Loss

Building Clean-Up & Repairs	**Description**	**Estimated Value**
_____	_____	$_____
Equipment	**Description**	**Estimated Value**
_____	_____	$_____
Inventory	**Description**	**Estimated Value**
_____	_____	$_____
Supplies	**Description**	**Estimated Value**
_____	_____	$_____
Other	**Description**	**Estimated Value**
_____	_____	$_____

Total Financial Loss from the Flooding: $_____ **(A)**

2) **Do you have other forms of financial assistance for your flood damage?** **Yes** ☐ **No** ☐
(If yes, mark all that apply below)

Flood Insurance ☐ **Business Insurance** ☐ **Family** ☐

Friends ☐ **Church Family** ☐ **Other** _____

Total Dollars Received from Above Categories: $_____**(B)**

Net Financial Loss after Assistance: $_____**(A minus B)**

Use of Funds

Please describe how the funds will be used to help you retain your employees and keep your business operating.

Payroll ☐ **Rent** ☐ **Utilities** ☐ **Business Debt Payment** ☐

Other _____

Summary Financial Information

Annual Revenue $_____ **Annual Profit (Loss) $**_____ **Total Business Assets $**_____

Total Business Debt $_____ **Total Employees** _____ **Days Closed Due to Flood** _____

Additional Notes

Any information provided, regardless of the source, to the Hawarden United Foundation ("Foundation") shall remain confidential to the fullest extent possible while maintaining the integrity of the Foundation's organizational purpose.

The Foundation reserves the right to verify the accuracy of the stated hardship through any reasonable means deemed necessary. The right of verification supersedes the privacy right if required to ensure the funds are being used to effectuate the Foundation's mission. Applicant gives permission to all members of the Foundation to request and receive information necessary for the purposes of post disaster services or assistance. This release will be effective for 12 months from the date of signature below.

Applicant Signature: _____ **Date:** _____

Please return completed form on or before September 30, 2026