



**POHNPEI STATE GOVERNMENT
COVID 19 TASK FORCE
BUSINESS IMPACT ASSESSMENT FORM**

Email: micks_0469@yahoo.com/Tel: 320-2712

BUSINESS DETAILS			
Company/Business Name		Other Names	
Ownership's Name(s)		Gender	Nationality
Contact Number (Tel/Cell #)	Email Address	Website/FB Page Link	
Mailing Address		Business Location(s)	
Nature of Business/Type of Business			Date Business Established
Business License Issuing Authority		Date Issued	Date Expired

IDENTIFY IMPACT DUE TO COVID 19	
--	--

If necessary you may include separate sheet to identify more defects

Define Impacts	Identify Consequences
<i>Reduction of employees</i>	
<i>All Employees are laid off</i>	
<i>Reduction of service hours</i>	
<i>Employees' salary reduction</i>	
<i>Insufficient funds to purchase supplies</i>	
<i>Lesser demands</i>	
<i>Farmers are not contributing much local products</i>	
<i>Fishermen are not contributing enough catch</i>	

Closed down
No customers
Unpaid debts by customers
Incurred tax penalty charges
Other Interest rates
Incurred debts
Delayed tax reports
Loan Interest Rates
Employees' loan interest rates

EMPLOYEES' INFORMATION

List of Employees, names, citizenship, & positions <i>Provide separate listing</i>	Number of Jobs & Employees
---	----------------------------

Normal Service Hours					Current Services Hours (If any changes occur)					
Days	Time			Total	Days	Time			Total	
Mon	AM		PM		Mon	AM		PM		
Tue	AM		PM		Tue	AM		PM		
Wed	AM		PM		Wed	AM		PM		
Thur	AM		PM		Thur	AM		PM		
Fri	AM		PM		Fri	AM		PM		
Sat	AM		PM		Sat	AM		PM		
Sun	AM		PM		Sun	AM		PM		

FOOD BANK(STORAGE)/POTENTIAL SERVICES

The need to preserve food and other necessary supplies are necessary for a long term period in preparedness against Covid 19. Are you willing to contribute? If yes, please identify goods & services, costs and sources. (You may attach separate sheet if necessary)

Goods/Services	Source	Estimate Costs	Comments/Remarks
Fuel	Imported		
Rice	Imported		

<i>Frozen meat</i>	<i>Imported</i>		
<i>Fresh Fish</i>	<i>Fisherman/Fishing Vessels</i>		
<i>Local produces</i>	<i>Local Farmers</i>		

APPLICANT'S ADDITIONAL COMMENTS

FOR OFFICIAL USE ONLY

Date Received	Time Received	Name & Signature of Receiver

COVID 19 TASK FORCE REMARKS	

Authorized Signature	Position/Title	Date

*****Note: Must accompany valid legal documents*****