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## ELIGIBILITY QUESTIONNAIRE

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Business Name: \_\_\_\_\_ EIN#: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

1) Was your company forced to shut down because of Covid 19 related Government Order?  
YES NO

1a) Did you have limited occupancy at your business during this Government Order?  
YES NO

1b) Which qtr's were you effected by 1/ 1 a?  
2nd qtr 2020      3rd qtr 2020      4th qtr 2020  
1st qtr 2021      2nd qtr 2021      3rd qtr 2021

2) Did the Government Order cause social distancing of staff, visitors, and/or customers?  
YES NO

2a) Can you explain how 2 effected your business? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2b) Which qt'rs were you effected by 2?  
2nd qtr 2020      3rd qtr 2020      4th qtr 2020  
1st qtr 2021      2nd qtr 2021      3rd qtr 2021

3) Can you list all the reasons that fall under your companies full/partial shutdown?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3a) Which qtr's were you effected by 3?  
2nd qtr 2020      3rd qtr 2020      4th qtr 2020  
1st qtr 2021      2nd qtr 2021      3rd qtr 2021

