



## GOSDAA APPLICATION WORKSHEET

The following information is needed to qualify your firm for Gulf Oil Spill Disaster Adjustment Assistance, (GOSDAA). GOSDAA assistance is based upon economic losses occurring from April 20, 2010 through December 31, 2010. Before submission, please contact either Project Director Ruperto Chavarri at [ruperto.chavarri@utsa.edu](mailto:ruperto.chavarri@utsa.edu) or 985-226-8971 or email Carolyn Smith at [carolyn.smith@utsa.edu](mailto:carolyn.smith@utsa.edu) or call 985-226-8972.

### ITEM 1 – APPLYING FIRM

Legal Name of Firm: \_\_\_\_\_

DBA: \_\_\_\_\_

Firm Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County / Parish: \_\_\_\_\_

Congressional Districts: (House) \_\_\_\_\_

Business Activity Code (NAICS): \_\_\_\_\_

Telephone – cell / office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Does this firm operate from different locations? If true, provide facility name if different than above and location address:

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Are you a Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_

Names and Titles of Directors, Officers, key Managers and ownership percentage:

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Are there other related firms - subsidiaries, owned or controlled by owners of this firm? If so, please give name, address, and nature of the other business(es).

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**ITEM 2 – HISTORY of FIRM**

Please give a brief history of the firm including founders, their present positions in the firm, when and where founded:

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Type of business & markets: \_\_\_\_\_  
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Markets served: Regional \_\_\_\_\_ National \_\_\_\_\_ International \_\_\_\_\_

Description of all goods and services provided: \_\_\_\_\_

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**ITEM 3 – AREA OF ECONOMIC IMPACT**

Describe the articles produced or services provided by the firm that have been adversely impacted by the Gulf Oil Spill of April 20, 2010:

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1. Have you submitted a claim to the Gulf Coast Claims Facility operated by British Petroleum (BP?)

\_\_\_\_\_ Yes      \_\_\_\_\_ No, plan to file in the future      \_\_\_\_\_ No, do not plan to file

2. Please provide number of employees prior to the oil spill on April 20, 2010. Include totals for seasonal and/or third party employees. If employees are from multiple locations, provide employee totals by location.

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3. Have any employees been laid-off as a result of the oil spill? Provide totals including seasonal and/or third party employees. If employees are from multiple locations, provide employee totals by location.

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4. For current employees, are any of these jobs at risk? Provide totals including seasonal and/or third party employees.

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**ITEM 4 – FINANCIAL REPORTS**

You will need to provide 48 months of data beginning with January 2008.

- Complete P&L/Income statements, and balance sheets.
- Quarterly state employment reports beginning with the first quarter of 2008.
- Federal income tax returns for 2008, 2009, 2010, and 2011.

**ITEM 5 – CUSTOMER LIST**

Provide four (4) customers that are significant to your firm's business, accounting for a decline in sales volume of at least 5% in 2010 when compared to 2009.

The customer information is needed to confirm your firm's eligibility to receive Gulf Oil Spill Disaster Adjustment Assistance, (GOSDAA). The GOSDAA Program Manager will contact these customers to verify that there is a relationship between sales and/or employment declines experienced by the firm, due to the impact of the oil spill upon your products and/or services to these customers.

**Customer #1**

Annual Net Sales:

2008	2009	2010	2011
\$_____	\$_____	\$_____	\$_____

Firm Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

**Customer #2**

Annual Net Sales:	2008	2009	2010	2011
	\$ _____	\$ _____	\$ _____	\$ _____

Firm Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

**Customer #3**

Annual Net Sales:	2008	2009	2010	2011
	\$ _____	\$ _____	\$ _____	\$ _____

Firm Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

**Customer #4**

Annual Net Sales:    2008                      2009                      2010    2011

                          \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Firm Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

**Alt. Customer (if needed)**

Annual Net Sales:    2008                      2009                      2010                      2011

                          \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_                      \$ \_\_\_\_\_

Firm Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Buyer: \_\_\_\_\_

Phone: \_\_\_\_\_

GOSDAA Application Worksheet prepared by: \_\_\_\_\_

Date Prepared: \_\_\_\_\_                      Title: \_\_\_\_\_

Please contact Project Directors Ruperto Chavarri, [ruperto.chavarri@utsa.edu](mailto:ruperto.chavarri@utsa.edu) , 985-226-8971 or Carolyn Smith, [carolyn.smith@utsa.edu](mailto:carolyn.smith@utsa.edu); 985-226-8972 before submission.