

City or County of _____
Disaster Impact Financial Summary (DA-X-3)

Date: _____	Dept	Time: _____ A.M./P.M.
Total Population of Jurisdiction	EOC	
Total Population Affected*		
Fatalities (Estimate only)		
Missing or Unaccounted for (Estimate only)		
Displaced (Disaster homeless)		
# Active fires / Sq. Mi. flooded (specify which)		
Homes damaged	Bldg & Safety	
Homes destroyed		
Homes unusable (Utilities)		
Homes inaccessible (Roads)		
Businesses damaged	Economic Dev.	
Businesses destroyed		
Businesses closed (Utilities)		
# of jobs permanently lost		
# of jobs temporarily lost		
Estimated impact to sales taxes	Finance	
Estimated impact to property taxes		
Estimated impact to T.O.T. taxes		
Estimated impact for utility taxes		
Estimated impact on payroll taxes		
Estimated impact on enterprise revenues		

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Month Fiscal Year Began	Finance	
Annual General Fund Budget \$		
Current General Fund Balance		
Current funding for capital improvements		
Current funding for maintenance work		
Hospitals damaged or destroyed		
Specific Immediate Health Threats		
Public facilities damaged	Public Works	
Public facilities destroyed		
Public facilities closed (Utilities)		
Other significant disaster impacts		

* Total population affected to any degree by this disaster., inc'l injuries or fatalities, loss of or damage to home, loss of work, loss of utilities, inability to commute, etc. Do Not double count those affected by two or more situations to the extent possible.

† Hazardous materials incidents, areas flooded (in square miles), vectors, etc.