Polystyrene Foam Hardship Waiver Application

Financial Hardship worksheet

careers businesses neighborhoods

Please list the following information to match with the webform application online:

Q1

Business Name:	
Primary business contact:	
Email Address:	

Please identify all expanded polystyrene foam products that you want to continue using after July 1, 2019 in blue columns A-D below. Then, list comparable alternate products you would otherwise use as a replacement in red columns E-G. This information must match the cost estimates that were uploaded to verify accuracy of this information.

Q2

Please list only one item per row. An example has been listed for reference in the first row and annual costs and net difference are calcuated automatically.

	A	B	C	D	E	F	G
	Current Product type	Standard Size	Price Per Unit	Quantity purchased per year	Alternative Product type	Standard Size	Price Per Unit
sample:	*Foam Cup*	*8 ounce*	*$ 0.05*	*5,000*	*Paper Cup*	*8 ounce*	*$0.07*
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

automatic calculations

annual costs: foam	*annual costs: alternative*	*annual cost difference*

total cost difference: *$0*

Please complete the details in the blue cells below from the tax returns or Federal 990 form you uploaded as part of your application. Total operating costs and operating profit/net income will be calculated automatically and will determine if the switch from single service Expanded Polystyrene (EPS) foam food service article(s) to alternative products will result in sufficient increases in operating costs or decreases in operating profit/net income to qualify for a waiver.

Q3

gross reciepts/sales OR total revenue		
cost of goods sold (if applicable)		
other operating expeses and deductions		
total current operating costs	**$0**	
operating costs after switch	**$0**	
percent increase after switch to alt. products		*meets hardship threshold*
operating profit OR net income	**$0**	
operating profit OR net income after switch	**$0**	
percent decrease after switch to alt. products		*meets hardship threshold*

If increased costs due to the swich are expected to be greater than or equal to the annual salary of at least ONE employee, please specifiy the annual salary including benefits (if appliable) for the least compensated employee (employee earning the least per year) on your payroll. If that employee is paid hourly, please use a multiplier of 1,820 (52 weeks x 25 hours per week) to indicate an annual amount.

Q4

least compensated employee annual salary/wages		
total increased costs after switch	**$0**	
increased cost vs. compensation	*$0*	*meets hardship threshold*