**COVID-19 Business and Employer Impact Survey**

**Questions about your business or organization:**

**What is your primary industry?**

Agriculture/Agribusiness

Construction

Professional Services (i.e. Repair Shops, Banks, Accounting Firms, Insurance, Law Firms, Doctor/Dentist Office)

Health Care and Social Assistance

Retail

Manufacturing

Public Administration/Government

Accommodation and Food Service

Transportation and Warehousing

Personal Care (Beauty/Barbershop, Nail Salons, etc.)

Drafting and Estimating

Realty

Communication/Media

Utility

Other

**How many employees do you have?**

none other than me

1-4

5-10

10-20

21-50

50 or more

**Concerns**

What is your company’s current level of concern related to COVID-19?

Potential for significant impact to our business operations, and it is causing us great concern

Limited to specific portions of our business, but we are monitoring closely

An isolated challenge: not greatly impacting our business currently, but we are monitoring the situation for any change

What are you concerns? check all that apply

Paying this month's mortgage

Making payroll this pay period and beyond

Making payroll next month

Employee's financial welfare

Losing employees (take job elsewhere)

Getting inventory/supplies now

Getting inventory/supplies next month

Customers not aware that we are open for business

Customers not coming back after this is over

Other (please list)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please rate the following challenges, with "1" being the highest level of concern for your business, and "5" being none at all.**

• Employee availability (i.e. workers unavailable due to illness, isolation policies, childcare, or other)

• Decline in clientele/client demand

• Uncertainty/Inability to Plan

• Cashflow - concern over ability to pay costs such as salaries, rent, and other business expenses

**Impact**

**Which of the following best describes the impact of COVID-19 on your business right now?**

Impact is limited so far

Impact is noticeable but not significant

Impact is significant and steadily increasing

Impact is very significant and growing fast

**What impact do you expect on your company’s revenue and/or profits this year as a result of COVID-19?**

Decrease revenue and/or profits

It is difficult to assess at this point

We do not expect any impact to revenue and/or profits

Increase revenue and/or profits

**What is your estimated revenue decline as a result of COVID-19?**

0%

less that 10%

10-20%

21-30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

**Has the situation around COVID-19 caused your business to adjust personnel/hiring decisions? Select all that apply.**

We have postponed hiring that had been planned prior to COVID-19

We have laid off or furloughed employees in response to COVID-19

We have increased hiring in response to COVID-19

No changes to personnel or hiring in response to COVID-19

Other (please specify)

**How have you altered your business hours and availability in response to COVID-19? (check all that apply)**

reduced business hours

reduced staffing

closed to the public but staff working as normal

split employees into groups and working in shifts (i.e one week on one week off)

working from home

closed completely

offering new services like curbside pickup and delivery

**Are you reducing staffing?**

• If so by how much?

o less than 25%

o 26-50%

o 51-75%

o 76-99%

o 100%

If you are reducing staff are, they being paid?

If you are paying staff you can’t work, how long do you estimate you can sustain that?

**Looking Ahead**

**If COVID-19 were to end today, how long would you estimate it would take for your company to get back to business as usual?**

Less than a month

1 to 3 months

3 to 6 months

6 to 12 months

More than 12 months

**If this crisis continues beyond three months do you anticipate (check all that apply)**

dismissing staff

closing business

reducing house

don’t anticipate a change in staffing

**If the current business climate were to continue, how long would it take for your business to see significant negative impacts, such as layoffs or temporary or permanent closure?**

Layoffs or closure have already occurred

1-2 weeks

2-4 weeks

1-3 months

3-6 months

More than 6 months

More than a year

Do not anticipate layoffs or closure

**If you have completed a cash flow projection for the next six months, what best describes your situation?**

Need help immediately

Will have difficulty making ends meet in a few months time

Will be OK for six months

Other (please specify)

**Assistance**

What type of assistance would be most helpful? Check all that apply.

Information on How to protect my employees from COVID-19

Information on How to protect my customers from COVID-19

Information on financial assistance over the next 90 days

Information on financial assistance over the next 180 days

Penalty-free extensions on expenses (rent, utilities, supplies, inventory)

Immediate guidance on how to modify my business model

Develop or improve website for online ordering and sales

Information, costs and risks for providing new services such as delivery

Information on local or regional suppliers or manufacturers

Other (please specify)