**Sample COVID-19 Survey**

The City/Town of \_\_\_\_ would like to understand the impacts of COVID-19 on small businesses.

The survey is confidential and all questions are optional. You can only submit the survey once and it is likely to take 10 minutes to complete.

It's important that your voice is heard. Thank you for sharing your thoughts and for helping us understand your experience as a small business owner.

For more information about small business support and outreach, please contact:

XXXX

Town of XXXX

**What is your name?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the name of your business?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your relationship or affiliation to this business?**

\_\_ Owner

\_\_ Manager

\_\_ Franchisee

\_\_ Employee

\_\_ Volunteer

\_\_ Other (write in)

**What is the address of your business?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many years have you been in business?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your race or ethnicity? (Select all that apply)**

\_\_ White

\_\_ Hispanic/Latino/Latinx

\_\_ Black or African American

\_\_ Asian

\_\_ Native American/Indigenous

\_\_ Middle Eastern or North African

\_\_ Other (write in)

**What is your email?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your phone number?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What industry is your business in? (Select all that apply)**

\_\_ Food Service

\_\_ Retail

\_\_ Wholesale

\_\_ Construction

\_\_ Finance, Insurance, or Real Estate

\_\_ Fitness

\_\_ Entertainment

\_\_ Personal care services (barber shops, beauty salons, nail salons)

\_\_ Health Care

\_\_ Information

\_\_ Educational services

\_\_ Other services (automotive repair, electronics repair, home and garden services, dry cleaning and laundry services)

\_\_ Transportation/logistics

\_\_ Manufacturing/warehousing

\_\_ Additional industries not covered above

**How many employees does your local business have?**

\_\_ 1

\_\_ 2-4

\_\_ 5-9

\_\_ 10-19

\_\_ 20-50

\_\_ 51+

**Do you own or lease the space where your business operates?**

\_\_ Own

\_\_ Lease

\_\_ I have a home-based business

\_\_ I don’t know

\_\_ Other (write in)

**How has COVID-19 affected your business? (Select all that apply)**

\_\_ Drop in sales

\_\_ Staffing issues

\_\_ Increased costs in new equipment or services

\_\_ Reduced hours

\_\_ Temporary closure

\_\_ Permanent closure

\_\_ Layoffs

\_\_ Furloughs (unpaid time off)

\_\_ Cancellations of events

\_\_ Decline in business donations

\_\_ Halt on expansion efforts

\_\_ Other (write in)

**What have you been spending more on as a result of COVID-19? (Select all that apply)**

\_\_ Cleaning equipment

\_\_ Tap-to-pay credit card equipment

\_\_ Subscription to video conferencing services

\_\_ Take-out materials

\_\_ Delivery services

\_\_ None of the above

\_\_ Other (write in)

**Have you been declared an essential business by the state?**

\_\_ Yes

\_\_ No

**Will your business be offering to-go, delivery, or curbside pick up in response to this?**

\_\_ Curbside offered

\_\_ Delivery offered

\_\_ To-go offered

\_\_ All of the above

\_\_ My business already offered to-go, delivery or curbside services

\_\_ None of the above

\_\_ Other (write in)

**If you are offering delivery, what service provider(s) are you working with?**

\_\_ Postmates

\_\_ Grubhub

\_\_ Uber Eats

\_\_ DoorDash

\_\_ On my own

\_\_ Other (write in)

**Does your business have a work-from-home policy?**

\_\_ Yes, for all employees

\_\_ Yes, for most employees

\_\_ Yes, for some employees

\_\_ No

\_\_ Other (write in)

**How long do you think your business/organization can stay in operation during this state of emergency?**

\_\_ Already closed

\_\_ Approximate date of closure (write in)

**What were your projected annual sales at the beginning of the calendar year (Jan. 1, 2020)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your sales outlook now?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What are the top challenges your business faces because of the COVID-19 pandemic? Please list 1-3 and provide examples if possible.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What type of resources does your business need the most? (E.g., grants, no/low interest loans, work from home technology, an online sales portal)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following may be included as requirements for existing or future applications to access emergency loans or grants. Please check the box for any requirement which may be a significant barrier to you.**

\_\_ Paperwork demonstrating negative impact of coronavirus

\_\_ Loan amount not to exceed 3 months of demonstrated cash operating expense for the 1st quarter of 2020

\_\_ Personal credit score above 575

\_\_ Eligible business type (companies involved in real estate investment, multi-level marketing, adult entertainment, cannabis, or firearms typically ineligible)

\_\_ No past-due tax liabilities or tax liens, and must not be in bankruptcy

\_\_ Paperwork demonstrating business was profitable before 03/10/2020

\_\_ Application form only available in English

\_\_ Documented monthly sales figures

\_\_ A current year-to-date profit and loss statement

\_\_ Complete copies of federal tax returns for every person owning 20% or more of the business

\_\_ Copy of your driver's license or government-issued id

\_\_ Interim 2019 prepared financials

\_\_ Internally prepared financial statements for 2019 and year to date 2020

\_\_ Other (write in)

**Are there any other ways that the City/Town could support you during this time?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for taking the time to complete this survey during this difficult time.**