Funders COVID-19/Coronavirus Survey Questions
(sample questionnaire courtesy of Western New York Funder)

1. Which of the following impacts has your organization experienced or anticipates experiencing due to COVID-19/Coronavirus? (Check all that apply, and/or share additional ways next to "Other")

- Assistance communicating with clients, communities, stakeholders, etc
- Budgetary implications related to strains on the economy
- Cancellation of programs or events and corresponding reduced revenue
- Disruption of services to clients and communities
- Disruption of supplies or services provided by partners
- Increased and sustained staff and volunteer absences
- Increased demand for services/support from clients and communities
- Internal capacity (e.g. HR, IT, Accounting, etc)
- Other (please specify)

2. If your organization is experiencing or is anticipating a **decrease in revenue** related to COVID-19/Coronavirus, please list either the dollar amount or the percent decrease (estimates are fine).

3. If your organization is experiencing or is anticipating an **increase in expenses** related to COVID-19/Coronavirus, please list either the dollar amount or the percent increase (estimates are fine).

4. Has your organization responded, or does it anticipate responding, to the spread of COVID-19/Coronavirus in any of the following ways? (Check all that apply, and/or share additional ways next to "Other")

- Rescheduling or cancelling programs and events (e.g. fundraisers)
- Changing in-person events to virtual events using video conferencing software (e.g. Zoom, Google Hangouts, etc.)
- Revisiting or instituting updated remote work and sick leave policies and updating employees
- Staying informed via news media and updates from the CDC and local Departments of Health
- Other (please specify)
5. How can state and local government be helpful to your agency? (Check all that apply, and/or share additional ways next to "Other")
   Relax/suspend reporting requirements for now
   Fast track/release funding for previously submitted reimbursement requests
   Provide temporary/emergency SNAP benefits
   Pay for child care for emergency/front line workers
   Other (please specify)

6. Are there any resources or guidance you are seeking on COVID-19/Coronavirus preparation?

7. What else do you think we should know? Please feel free to list any concerns, ideas, recommendations, etc.

8. Please select the county/counties you serve: (check all that apply)

   [your region’s counties listed here]

9. Please select your organization's annual budget:
   Under $500,000
   $500,000 - $2M
   $2M - $5M
   $5M-$10M
   $10M -$20M
   Over $20M