

## 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