SAMPLE COVID-19 INPUT SURVEY

CEP

1. As a result of the COVID-19 pandemic has your organization experienced – or is it experiencing – any of the following: (Please check all that apply)

	Yes, this has or is happening	No, but I expect this to happen	No, and I don't expect this to happen	Don't know/ N/A
Moved to a virtual working environment at one or more location(s) or facility(ies)				
Shifted staff from other services or projects to COVID-19 management efforts				
Halted or delayed some services or projects				
Added new services or projects to focus on a COVID-19 response				
Reduced staff levels (e.g., conducted layoffs)				
Re-allocated funding from existing services or projects to focus on a COVID-19 response				
Tapped into reserves (e.g., rainy day fund, board designated reserves, etc.)				
Experienced an increase in the demand for your programs and services				
Experienced a decrease in demand for your programs and services				
Experienced a decrease in earned revenue (e.g., fee for service, contracts, etc.)				
Experienced a decrease in contributed revenue (e.g., foundation grants, individual donations, etc.)				
Experienced reduced capacity (e.g., staff or volunteer absences)				

2. As a result of COVID-19, what are the biggest challenges facing your organization or those you serve? (You are not limited in the length of your response)

3. What are your **other funders** doing to support your organization's efforts to respond to the impact of COVID-19? (Please only select one option)

   Experienced the following forms of supports:

	Yes	No
Converting restricted grant to unrestricted funding		
Accelerating payment schedules on grants		
Increasing size of current grants		
Providing supplemental grants		
Extending the timeframe of current grant(s) without penalty		
Allowing goals of current grant(s) to shift		
Waiving or making reporting deadlines flexible		
Communicating one-on-one with you about the effect of COVID-19 on your organization		
Providing helpful information about their responses to COVID-19		
Other (please describe): _____		

4. Please describe how funders can best support your organization and those you serve in the coming weeks and months. (You are not limited in the length of your response)

Do any of the following characteristics describe your experience of [our] response to COVID-19?

The Foundation's response...

	Strongly disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Strongly agree	N/A
Is clear	1	2	3	4	5	
Is rapid enough to allow the continuation of our most important work	1	2	3	4	5	
Addresses ways in which this crisis can disproportionately affect historically vulnerable or marginalized populations	1	2	3	4	5	
Allows my organization to address the needs of those who are at greater risk as a result of COVID-19	1	2	3	4	5	
Communicates a willingness to hear from my organization	1	2	3	4	5	

5. Please estimate the number of months you could continue operating with existing revenue streams without severe disruption to your operating model and ability to deliver your programs in the future (such as layoffs or closing):

1 month or less

2-4 months

4-6 months

More than 6 months

Prefer not to say

Thank you for participating in this important survey.
Your time and candid feedback are appreciated.