

# Impacts of COVID-19 on Nantucket Businesses and Organizations

We need your voice! Please take five minutes to share the impact that COVID-19 has had on your business or organization by filling out this survey.

The purpose of this survey is to gather initial economic information from Nantucket businesses and organizations on the challenges they are facing as a result of the coronavirus/COVID-19 public health emergency. The information gathered from this survey will be used to advocate for support from state and federal agencies, provide necessary information for ongoing decision making related to local impacts, and assist in developing appropriate programs and activities to help businesses and organizations weather the storm.

Survey responses will stay confidential and will only be shared in summary form. This survey effort is sponsored by the Town of Nantucket, ReMain Nantucket, the Nantucket Island Chamber of Commerce, and the Community Foundation for Nantucket. It was developed by a group of Nantucket community leaders from across the town's government, business, and nonprofit sectors, collectively known as the Nantucket Economic Survey Team (NEST).

As we all know, numbers matter, but they matter now more than ever. The more responses that are gathered, the stronger our voice will be for ensuring that Nantucket's businesses and organizations get the support needed during this time of crisis. Please share this survey with other businesses and organizations!

Please submit your survey answers by 5:00 PM on April 10. Thank you for your time and attention to this survey – we are in this together.

**\* Required**

1. What is the name of your business or organization? Results will remain confidential and will only be used to help us identify duplicate responses.

## Basic Information

If your business or organization operates in multiple locations, please refer only to activities taking place on Nantucket Island.

2. Is your business or organization a non-profit or for-profit? \*

*Mark only one oval.*

Non-profit

For-profit

3. Which of the following best describes your primary business or organization? \*

*Mark only one oval.*

Retail

Hotel/lodging

Food service (e.g., restaurant, bar, catering)

Business-to-business (e.g., accounting, legal)

Construction/trades

Healthcare and human services

Personal services (e.g., cleaning, salon)

Education/daycare

Culture/arts/entertainment (e.g., theater, museum)

Conservation/sciences

Gig economy (e.g., taxi, Uber/Lyft, food delivery)

Other: \_\_\_\_\_

4. How many years has your business or organization been in operation? \*

\_\_\_\_\_

5. Prior to COVID-19, how many year-round staff did your business or organization employ? \*

\_\_\_\_\_

6. Prior to COVID-19, how many seasonal staff did your business or organization employ (not including year-round staff)? \*

### Current Impacts

The following questions refer to the impacts and changes your business or organization has experienced or implemented to date (i.e., observed impacts, not anticipated impacts).

7. Which of the following impacts of COVID-19 have affected your business or organization since the beginning of the current pandemic? Check all that apply. \*

*Check all that apply.*

- Loss in revenue or services
- Increase in revenue or services
- Cancellation of reservations, appointments, or contracts
- Cancellation of events or programs
- Decline in private or public investment
- Increase in private or public investment
- Decline in philanthropic giving
- Increase in philanthropic giving
- Supply chain disruptions (e.g., cancelled/delayed shipments)
- No impacts

Other:  \_\_\_\_\_

8. Please elaborate on the impacts selected in the question above (e.g., number of cancellations).

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9. If your business or organization's revenue has been impacted due to COVID-19, approximately how many dollars have been lost or gained so far?

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10. Which of the following changes has your business or organization implemented since the beginning of the current pandemic? \*

*Check all that apply.*

- Reduced hours of operation
- Delayed seasonal opening date
- Closed/ceased operations (temporarily)
- Closed/ceased operations (permanently)
- Increased services (e.g., expanded hours for shopping)
- Reduced hours for workers
- Reduced wages for workers
- Laid off or furloughed workers
- Renegotiated lease or mortgage payments
- Invested in worker safety (e.g., purchased cleaning supplies, protective equipment)
- Invested in remote work capabilities (e.g., purchased laptops for employees)
- Changed or re-negotiated with suppliers
- Filed business interruption insurance claim
- Applied for business loan or grant
- No changes

Other:  \_\_\_\_\_

11. Please elaborate on the changes selected in the question above (e.g., days/months of delay in seasonal opening).

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12. If you have laid off or furloughed workers, how many workers have been impacted?

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13. If applicable, please elaborate on other major changes your business or organization has made to its business practices. Examples include moving to telecommuting, transitioning to delivery only, or limiting the number of customers, employees, clients, or patients allowed in your establishment.

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### Anticipated Impacts

The following questions refer to the impacts and changes you anticipate your business or organization will face throughout 2020.

14. If your organization expects revenue impacts, what level of change in revenue do you expect for your business or organization through the end of June 2020? Please make your best estimate. \*

*Mark only one oval.*

- Less than 25% drop in revenue
- 26-50% drop in revenue
- 51-75% drop in revenue
- More than 75% drop in revenue
- Increase in revenue
- No change in revenue

15. If your organization expects revenue impacts, what level of reduction in revenue do you expect for your business or organization from July to December 2020? Please make your best estimate. \*

*Mark only one oval.*

- Less than 25% drop in revenue
- 26-50% drop in revenue
- 51-75% drop in revenue
- More than 75% drop in revenue
- Increase in revenue
- No change in revenue

16. Do you feel that your business or organization has adequate cash reserves to handle an anticipated drop in revenue? \*

*Mark only one oval.*

- Yes
- No
- Not sure
- Prefer not to say
- No drop in revenue anticipated

17. Is your business or organization planning on taking on debt as a result of the COVID-19 pandemic? If so, what level of debt? \*

*Mark only one oval.*

- We plan to take on <\$10,000 in debt
- We plan to take on between \$10,001 and \$50,000 in debt
- We plan to take on between \$50,001 and \$100,000 in debt
- We plan to take on between \$100,001 and \$500,000 in debt
- We plan to take on more than \$500,000 in debt
- We are not planning to take on additional debt
- Prefer not to say

18. What impacts are you most concerned about for the upcoming season? Select all that apply. \*

*Check all that apply.*

- Paying rent/mortgage
- Laying off staff/reducing hours
- Obtaining supplies/inventory
- Cash flow
- Meeting debt obligations
- Meeting demand for goods or services
- Hiring issues
- Rescheduling events

Other:  \_\_\_\_\_

19. Over the next 60 days, which of the following changes does your business or organization expect to implement? Select all that apply. \*

*Check all that apply.*

- Reduce hours of operation
- Delay seasonal opening date
- Close/cease operations (temporarily)
- Close/cease operations (permanently)
- Increase services (e.g., expanded hours for shopping)
- Reduce hours for workers
- Reduce wages for workers
- Lay off or furlough workers
- Renegotiate lease or mortgage payments
- Restructure business or organization
- Invest in worker safety (e.g., purchased cleaning supplies, protective equipment)
- Invest in remote work capabilities (e.g., purchase laptops for employees)
- Change or re-negotiate with suppliers
- File business interruption insurance claim
- Apply for business loan or grant
- No changes

Other:  \_\_\_\_\_

20. Is your business or organization planning on applying for federal, state, or local support as a result of COVID-19? \*

*Mark only one oval.*

- Yes
- No
- Need more information on what's available
- Not Sure



21. If you answered yes to the question above, please elaborate on the type of support you plan to apply for.

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22. What type of support would be most beneficial to your business or organization over the next 60 days?

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23. Can we follow up with you in the next 4-6 weeks? \*

*Mark only one oval.*

Yes

No

24. Please provide your email address (optional). Your email will only be used if you opted for a follow-up or indicated types of support needed.

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