

Coronavirus Impact Survey

About This Survey

1. Would you like to take the survey? *

☐ Yes

☐ No

Survey Questions

2. What is your role in the dance field? (Select all that apply.)

☐ Dance presenter

☐ Dance company (non-profit 501(c)3, fiscally sponsored group or for-profit)

☐ Dance educator

☐ Service organization

☐ Individual dance worker/Freelancer working in dance (dancer, choreographer, videographer, etc.)

☐ Agent and/or Manager

☐ Other - Please specify:

3. What is the name of your organization/entity? If you are an individual, please visit [THIS LINK](#) for a survey of individual dance workers.

Please note: Providing this information will ensure that we are effectively evaluating needs and impacts within the field. We will not publicly attribute your answers to your name/organization and will not contact you on this topic unless you give us permission to do so.

4. What is the zip code where your organization/entity is headquartered?

5. Does your organization/entity operate a facility and/or office space?

☐ Yes

☐ No

6. What type of facility do you operate? (Select all that apply.)

- ☐ Performance space (i.e.: black box theatre or theatre space)
- ☐ Rehearsal space (i.e.: studios, etc.)
- ☐ Office space (i.e.: internal office space, conference rooms, and/or shared co-working space)
- ☐ Other - Please Specify:

7. Estimated total budget for current fiscal year. (Please answer in \$.)

8. What steps are you taking to prepare for and respond to COVID-19?

9. Estimated total hours used for preparing/planning for COVID-19? (Include total hours spent by all personnel.)

10. Have you postponed/cancelled any of the following as a result of COVID-19? (Select all that apply.)

- ☐ Classes
- ☐ Education/Community Outreach Activities
- ☐ Meetings/Events/Conferences
- ☐ Performances (Local/Regional)
- ☐ Performances (Touring - National/International)
- ☐ Rehearsals
- ☐ Other - Please Specify:

11. Does your organization/entity have general liability insurance?

- ☐ Yes
- ☐ No
- ☐ I don't know

12. Does this insurance have any type of business interruption coverage (responds to potential business losses and/or might include bacteria/viruses or force majeure.)

- ☐ Yes
- ☐ No
- ☐ I don't know

13. Have you experienced decreased EARNED INCOME in any of the following areas as a result of COVID-19? (Select all that apply.)

- ☐ Class admissions
- ☐ Conferences/meetings/events
- ☐ Performance fees/commissions
- ☐ Space rentals
- ☐ Teaching fees
- ☐ Ticket sales
- ☐ My earned income has not decreased
- ☐ Other - Please Specify:

14. Estimated financial value (\$) of decrease in EARNED INCOME as a result of COVID-19.

15. Have you experienced decreased CONTRIBUTED REVENUE from any of the following sources as a result of COVID-19? (Select all that apply.)

- ☐ Corporate donations
- ☐ Corporate sponsorships
- ☐ Foundations
- ☐ Individuals
- ☐ Public sector (City, State, Federal)
- ☐ My contributed revenue has not decreased
- ☐ Other - Please Specify:

16. Estimated financial value (\$) of decrease in CONTRIBUTED REVENUE as a result of COVID-19.

17. Have you experienced DELAYED DISTRIBUTION of any payments, grants or donations as a result of COVID-19?

- ☐ Yes
- ☐ No

18. Please describe any delayed distribution of payments, grants or donations here.

19. Do all of your personnel have resources (connectivity, equipment including laptops) to work remotely?

- ☐ Yes
- ☐ No
- ☐ I don't know

20. How many personnel HAVE NOT been able to work remotely (due to lack of connectivity, equipment, resources or nature of work) to date?

And how many WILL NOT be able to work remotely (due to lack of connectivity, equipment, resources or nature of work) in the event of quarantine?

To date

In the event of quarantine

21. Please list the positions/roles of personnel who HAVE NOT and WILL NOT be able to work remotely.

22. Will the following types of ADMINISTRATIVE/OPERATIONS personnel that are unable to work remotely use/receive:

	Full-time	Part-time (Regular)	Part-time (Seasonal, as-needed)
Furlough (unpaid time off)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off (not including sick leave)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Will the following types of ARTISTIC personnel (including dancers/artists) that are unable to work remotely use/receive:

	Full-time	Part-time (Regular)	Part-time (Seasonal, as-needed)
Furlough (unpaid time off)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off (not including sick leave)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular salary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Have you increased spending on any of the following as a result of COVID-19?

- ☐ Communication tools (remote alerts to personnel, constituents, etc)
- ☐ Consultants/contractors (cleaning, communications, emergency preparedness, etc.)
- ☐ Equipment
- ☐ Healthcare expenses for staff/performers
- ☐ IT/Tech (related to remote work, other)
- ☐ Personnel
- ☐ Supplies (cleaning, sanitation, signage, etc.)
- ☐ Travel/Per Diem
- ☐ Other - Write In

25. Estimated financial value (\$) of increased spending (expenses) as a result of COVID-19.

26. Have you been able to access necessary supplies and expertise?

- ☐ Yes
- ☐ No

27. Please describe any success or issues accessing supplies and expertise in response to COVID-19. (Optional.)

28. Are you currently, or do you anticipate, experiencing any cash flow issues as a result of COVID-19?

- ☐ Yes
- ☐ No
- ☐ I don't know yet

29. Explain any cash flow issues. (Optional.)

30. Identify your most critical funding needs (current or anticipated) related to COVID-19.

- ☐ Cleaning equipment/supplies
- ☐ IT/Tech equipment/resources
- ☐ Communications tools/resources
- ☐ Salaries and wages
- ☐ Other - Please Specify

- ☐ Other - Please Specify

- ☐ Other - Please Specify

31. Describe any resources or support needed. (Optional.)

32. Have you contacted sources to request support for these needs?

- ☐ Yes
- ☐ No

33. Who did you reach out to and how did they respond to your request?

34. Do you anticipate that the losses you have incurred will negatively impact your ability to create and present programming this or next fiscal year?

- ☐ Yes
- ☐ No
- ☐ I don't know yet

35. Please provide your name, organization/entity (if applicable) and email address.

36. Is this your first time completing this survey?

- ☐ Yes
- ☐ No

37. How many times have you taken this survey due to changing circumstances and/or the need to update information?

38. Can we reach out to you to ask any follow up questions?

- ☐ Yes
- ☐ No