

COVID-19 Business Recovery Survey

Please take time to answer these questions so we can look at and collectively address the most pressing needs of our South Bay businesses and organizations. A significant number of businesses across sectors and industries have been impacted by COVID-19 and banding together to weather the storm and identify collective solutions can have a more meaningful effect.

*** 1. What kind of business do you operate?
(Please select one.)**

2. Do you own or lease your business space?

☐ OWN

☐ LEASE

☐ NOT APPLICABLE-NO PHYSICAL SPACE

3. How many people does your business employ?

4. Rate the extent to which your business or the service your business provides requires workers to perform job tasks in close proximity to others. (Select the most appropriate choice.)

Don't work near other people (beyond 100ft)	I work with others but not closely (e.g., private office)	Slightly close (e.g., shared office)	Moderately close (at arm's length)	Very close (near touching)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. How has COVID-19 affected your business? (Please choose all that apply)

- ☐ ADDED EXPENSES TO MITIGATE PUBLIC SAFETY RISKS (IE., CLEANING SUPPLIES, GLOVES, MASKS, ETC.)
- ☐ LOSS OF REVENUE
- ☐ CHANGE IN INSURANCE RATES
- ☐ CHANGE OF BUSINESS HOURS
- ☐ EVENT CANCELLATION
- ☐

ESTABLISHED ALTERNATIVE MODE OF
BUSINESS OPERATION TO SELL AND
DELIVER PRODUCTS (IE., ONLINE,
TELEPHONE)

- ☐ CHANGE OF BUSINESS MODEL
- ☐ REDUCED PARTICIPATION AT GATHERINGS
AND EVENTS
- ☐ ENHANCED SECONDARY MODE OF
BUSINESS OPERATION TO SELL AND
DELIVER PRODUCTS (IE., ONLINE,
TELEPHONE)
- ☐ EMPLOYEE LAYOFFS, WORKFORCE
DISPLACEMENT
- ☐ OFF-SITE WORKING OPTIONS
- ☐ INCREASE IN REVENUE OR TYPES OF
SERVICE
- ☐ BUSINESS CLOSURES (VOLUNTARY OR
MANDATED)
- ☐ SUPPLY CHAIN DISRUPTIONS
- ☐ PAYING RENT, MORTGAGE, LEASE
- ☐ BUSINESS CLOSURES (TEMPORARY OR
PERMANENT)
- ☐ MAKING PAYROLL THIS PAY PERIOD AND
BEYOND



- ☐ GETTING INVENTORY, SUPPLIES
- ☐ CUSTOMER TRAFFIC
- ☐ CHALLENGE ACCESSING GOVERNMENT
SUPPORT RELATED TO THE COVID-19
PUBLIC HEALTH EMERGENCY

Other (please specify)

6. Of the factors affecting your business, what are your top three concerns? (List your top 3 concerns in the text box below.)

7. Indicate how your business has adapted resilience tactics/strategies during COVID-19 disruption. (Select all that apply.)

- ☐ CONDUCT THREAT/IMPACT ANALYSIS
- ☐ ACTIVATE CRISIS PLAN AND RESOURCES
- ☐ CREATIVE
DEPLOYMENT/RECONFIGURATION OF
WORKFORCE
- ☐ SHIFT IN CORE SERVICE DELIVERY OR
BUSINESS MODEL

☐






☐ ADAPTING BUSINESS MODEL IN SERVICE OF
COMMUNITY BENEFIT

☐ TRACKED AND APPLIED FOR STIMULUS

Other (please specify)

8. Rank the types of assistance that would be most helpful to your business? Starting with 1 being most important.

- ☐ HOW TO PROTECT MY
EMPLOYEES FROM COVID-19
(SUPPLIES, PROTOCOLS)
- ☐ HOW TO PROTECT MY
CUSTOMERS FROM COVID-19
- ☐ INFORMATION ON FINANCIAL
ASSISTANCE OVER THE NEXT
90 DAYS
- ☐ PENALTY-FREE EXTENSIONS
ON EXPENSES (RENT,
UTILITIES, SUPPLIES,
INVENTORY)
- ☐ IMMEDIATE GUIDANCE ON HOW
TO MODIFY MY BUSINESS
MODEL
- ☐ TECHNICAL TRAINING ON
SOCIAL MEDIA
- ☐

-  TECHNICAL TRAINING ON WEBSITE DEVELOPMENT AND E-COMMERCE
-  INFORMATION ON COSTS AND RISKS FOR PROVIDING NEW SERVICES LIKE DELIVERY
-  INFORMATION ON SUCCESSION PLANNING
-  INFORMATION ON SELLING BUSINESSES
-  GUIDANCE ON HOW TO MODIFY MY BUSINESS SPACE TO ADHERE TO PHYSICAL DISTANCING

9. What types of physical distancing/prevention activities are you willing to implement to create a safe environment and build consumer confidence in your business? (Select all that apply.)

- ☐ USE/PROVISION OF PROTECTIVE EQUIPMENT/SUPPLIES
WORKSPACE/CUSTOMER SPACE RECONFIGURATION
- ☐ MONITORING AND ENFORCING RULES REGARDING SYMPTOMATIC EMPLOYEES
- ☐ DISINFECT COMMON AND HIGH TRAFFIC AREAS

- ☐ CREATIVE USE OF OUTDOOR SPACES FOR SERVICE DELIVERY
- ☐ POLICIES FOR WORKFORCE CONTACT TRACING
- ☐ LIMIT NON-ESSENTIAL BUSINESS TRAVEL
- ☐ ENCOURAGE TELEWORKING
- ☐ TEMPERATURE CHECKS
- ☐ STAGGERED SHIFTS AND OTHER WAYS TO LIMIT WORKPLACE STAFFING LOADS
- ☐ SPECIAL ACCOMODATION FOR VULNERABLE POPULATIONS COLLABORATE WITH OTHER BUSINESSES TO ACCELERATE RECOVERY FOR ALL
- ☐ PLAN FOR VIRUS SURGING AND BRIEF PERIODS OF SIGNIFICANT MITIGATION TO MINIMIZE IMPACTS OF LONG-TERM CLOSURES
- ☐ DEVELOP A STRATEGY FOR EACH PHASE OF RECOVERY
- ☐ UTILIZE TECHNOLOGY AND CREATIVE WAYS TO ENFORCE PHYSICAL DISTANCING
- ☐ OTHER PREVENTION ACTIVITIES...

Other (please specify)

10. What components of communication and promotion are most valuable for your business? (Select all that apply.)

- ☐ REGIONAL AGREEMENT ABOUT WHERE WE ARE IN THE RECOVERY PROCESS
- ☐ UNIFIED COMMUNICATION REGARDING WHEN IT'S SAFE TO REOPEN
- ☐ COOPERATIVE APPROACH TO ASSURING CUSTOMERS THAT IT'S SAFE TO COME BACK
- ☐ UNIFIED PROMOTION OF BUSINESSES WITHIN SAME SECTOR
- ☐ REGIONAL PROMOTION OF REOPENING ACROSS SECTORS
- ☐ BRANDED COLLATERAL CERTIFYING BUSINESSES AS "SAFE"
- ☐ HEALTH AMBASSADORS TO HELP REINFORCE AND PROMOTE NON-HEALTHCARE INFECTION CONTROL PRACTICES/BEHAVIORS

Other (please specify)

11. Would you be willing to serve on a Chamber of Commerce workgroup for your industry to brainstorm ideas for a phased reopening?

- ☐ YES
- ☐ MAYBE
- ☐ NO THANKS

12. OTHER INPUT AND CONSIDERATIONS

13. CONTACT INFORMATION (optional)

Contact
Name

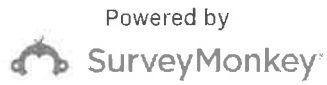
Name of
Business

Business
Address

Business
Zip Code

Email
Address

You have completed the survey!



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