

Year-End 2021 Health of the Sector Survey

Please update us. How is your nonprofit doing?

Kentucky Nonprofit Network is relaunching our COVID-19 survey to check back in with Kentucky's nonprofit sector at year-end. Understanding the health of the sector as a result of COVID-19 helps KNN and our partners provide support and resources; advocate on your behalf; and share the important story of the sector. Please let us hear from you ASAP - by December 13, 2021 at the latest!

ABOUT THE SURVEY:

- Ideally, we'd receive one completed survey per organization. If there is another person at your organization who is better suited to reply, please share this survey with them. [Click here to get a peek at a few pieces of data you will want to have on hand to help you complete the survey as quickly as possible.](#) We estimate that the survey will take 20 minutes to complete. If you'd like to see a PDF of the questions in advance, email laura@kynonprofits.org.
- This poll is specifically designed for nonprofit organizations in Kentucky and Southern Indiana.
- All individual responses will be kept confidential, unless you provide permission in the survey.

OTHER KNN RESOURCES:

- KNN's [COVID-19 resource page](#) is updated regularly. We hold virtual town hall meetings every other week; [please register here and join us every other Thursday at 10:30am ET.](#)
- KNN sends out regular COVID-19 email updates. If you would like to receive these and other communications from KNN, [please sign up here.](#)

Thank you for participating in this survey. If you have any questions or concerns, please reach out to Laura Whitaker at laura@kynonprofits.org.

* 1. Please select the closest description of your organization's primary focus:

* 2. In which Kentucky county(ies) does your organization serve? (Please select all that apply. If you are a statewide organization, please also select the county where your primary office is located.)

- | | | |
|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> KY: Statewide | <input type="checkbox"/> Graves | <input type="checkbox"/> Mercer |
| <input type="checkbox"/> Adair | <input type="checkbox"/> Grayson | <input type="checkbox"/> Metcalfe |
| <input type="checkbox"/> Allen | <input type="checkbox"/> Green | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Greenup | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Ballard | <input type="checkbox"/> Hancock | <input type="checkbox"/> Morgan |
| <input type="checkbox"/> Barren | <input type="checkbox"/> Hardin | <input type="checkbox"/> Muhlenberg |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Harlan | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> Bell | <input type="checkbox"/> Harrison | <input type="checkbox"/> Nicholas |

- | | | |
|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Boone | <input type="checkbox"/> Hart | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Bourbon | <input type="checkbox"/> Henderson | <input type="checkbox"/> Oldham |
| <input type="checkbox"/> Boyd | <input type="checkbox"/> Henry | <input type="checkbox"/> Owen |
| <input type="checkbox"/> Boyle | <input type="checkbox"/> Hickman | <input type="checkbox"/> Owsley |
| <input type="checkbox"/> Bracken | <input type="checkbox"/> Hopkins | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Breathitt | <input type="checkbox"/> Jackson | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Breckinridge | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pike |
| <input type="checkbox"/> Bullitt | <input type="checkbox"/> Jessamine | <input type="checkbox"/> Powell |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Johnson | <input type="checkbox"/> Pulaski |
| <input type="checkbox"/> Caldwell | <input type="checkbox"/> Kenton | <input type="checkbox"/> Robertson |
| <input type="checkbox"/> Calloway | <input type="checkbox"/> Knott | <input type="checkbox"/> Rockcastle |
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Knox | <input type="checkbox"/> Rowan |
| <input type="checkbox"/> Carlisle | <input type="checkbox"/> Larue | <input type="checkbox"/> Russell |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Laurel | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Casey | <input type="checkbox"/> Lee | <input type="checkbox"/> Simpson |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Leslie | <input type="checkbox"/> Spencer |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Letcher | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Lewis | <input type="checkbox"/> Todd |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Trigg |
| <input type="checkbox"/> Crittenden | <input type="checkbox"/> Livingston | <input type="checkbox"/> Trimble |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Logan | <input type="checkbox"/> Union |
| <input type="checkbox"/> Daviess | <input type="checkbox"/> Lyon | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Edmonson | <input type="checkbox"/> McCracken | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Elliott | <input type="checkbox"/> McCreary | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Estill | <input type="checkbox"/> McLean | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> Madison | <input type="checkbox"/> Whitley |
| <input type="checkbox"/> Fleming | <input type="checkbox"/> Magoffin | <input type="checkbox"/> Wolfe |
| <input type="checkbox"/> Floyd | <input type="checkbox"/> Marion | <input type="checkbox"/> Woodford |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Marshall | <input type="checkbox"/> Indiana: Clark County |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Martin | <input type="checkbox"/> Indiana: Floyd County |
| <input type="checkbox"/> Gallatin | <input type="checkbox"/> Mason | <input type="checkbox"/> Indiana: Harrison County |

Garrard

Meade

Grant

Menifee

* 3. What is your organization's annual operating budget?

- \$0 - All volunteer-led
- \$1 - \$250,000
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1M - \$2,499,999
- \$2.5M - \$4,999,999
- \$5M - \$9,999,999
- \$10M - \$24,999,999
- Over \$25M

* 4. Age of your organization:

- More than 10 years
- 5-10 years
- Less than 5 years

* 5. Which of the following best describes your organization's pandemic operating status?

- We closed temporarily due to financial constraints, but are open now.
- We closed temporarily because the way our services are offered did not align with COVID-19 guidelines (e.g., social distancing), but are open now.
- We merged with another organization.
- We were able to remain open with modified operations.
- We were able to remain open and operate without significant interruption.
- We were open/began reopening but have closed or paused our re-opening plans due to the Delta variant or other reason.
- We closed/ceased operations permanently and do not plan to reopen.
- We closed/ceased operations and plan to reopen soon.
- Other (please specify)

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Financial Impact

Please help us quantify the financial toll the pandemic has had on Kentucky's nonprofit sector.

* 6. Overall, what is the total amount of revenue (\$) lost due to the pandemic to date? *(Please enter a whole number, without a dollar sign. If no decrease, please enter 0.)*

* 7. If your nonprofit has experienced a loss of revenue, approximately what is the estimated percentage (%) of this decrease of your organization's total pre-pandemic annual revenue? *(Please enter a whole number, without the percent symbol. If no decrease, please enter 0.)*

* 8. Overall, what is the total amount of increased costs (\$) experienced by your nonprofit due to the pandemic to date? *(Please enter a whole number, without a dollar sign. If no increase, please enter 0.)*

* 9. If your nonprofit has experienced an increase in costs, approximately what is the estimated percentage (%) of this increase of your organization's total pre-pandemic annual expenses? *(Please enter a whole number, without the percent symbol. If no increase, please enter 0.)*

* 10. Our organization's financial challenges were/are primarily a result of: *(Select all that apply.)*

- Cancelled fundraising events and associated costs (i.e., venue/rental deposits)
- Reduction in individual gifts/donations
- Reduction in grants
- Reduction in sponsorships
- Loss of client base/fee for service revenue
- Loss of volunteers, resulting in paying employees to take on additional tasks
- Operational costs (i.e., office space rent, mortgage, and/or utilities)
- Additional costs due to modifications in the way services were provided in alignment with the COVID-19 guidelines
- PPE supplies for employees, volunteers, and/or clients
- N/A - Our organization did not experience financial challenges.
- Other (please specify)

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Programs and Services

Please help us quantify the impact of the pandemic on the programs and services provided by nonprofits.

* 11. Overall, how has the pandemic impacted your organization's programs and services?

- We have had to reduce services offered and/or the number of clients served.
- We have had to increase services offered and/or the number of clients served.
- Our services offered and/or the number of clients served has remained consistent.

Comments:

* 12. Is your organization currently seeing an increased need for services and/or an increase in clients?

- Yes
- No

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Increased demand/need for services

* 13. What is the approximate number of increased/new clients who you are serving at your organization due to COVID-19? *(Please enter a whole number only. If no increase, please enter 0.)*

* 14. What is the estimated percentage (%) this increase in clients served represents of your total annual client base/number of constituents? *(Please enter a whole number, without the percent symbol. If no increase, please enter 0.)*

* 15. How confident are you that your organization is able to meet the increased demand/need for services?

- I am confident that we can meet the increased demand.
- I am somewhat confident that we may be able to meet the increased demand.
- I am not at all confident that we can meet the increased demand.
- Not sure
- N/A - We are not seeing an increased demand.

Comments:

16. Please share what's causing your concern (staffing, funding, etc.):

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Staff, Volunteers, and Workplace

* 17. Due to the pandemic, did your organization have to lay off or furlough any staff members?

Yes

No

* 18. Have you been able to bring them back, or rehire new staff to fill those positions?

- Yes, we have brought all staff who were laid off back to work (or attempted to).
- We have brought 50% or more back to work.
- We have brought less than 50% back to work.
- No, we have not been able to bring back any laid off workers.

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* 19. How many staff layoffs and/or furloughs does your organization anticipate experiencing within the first half of 2022 (including part-time and full-time)? *(Please enter a whole number. If no layoffs expected, please enter 0.)*

* 20. Has your organization established and hired for new positions since the start of the pandemic?

Yes

No

* 21. If you have established and hired for new positions, what is the total number of new staff your organization has hired since the start of the pandemic (including part-time and full-time)? *(Please enter a whole number. If you have not established any new positions, either skip this question or enter 0.)*

* 22. Are you currently hiring for any positions, or do you expect to hire new staff within the first half of 2022?

Yes

No

Not sure

* 23. If you are currently hiring or expect to hire within the first half of 2022, what is the total number of new staff your organization expects to hire (including part-time and full-time)? *(Please enter a whole number. If you do not expect to hire, please enter 0.)*

24. Please share any challenges or concerns your organization has had/anticipates in filling open positions and/or retaining current positions?

* 25. What work options and/or other benefits are you currently offering to employees? *Select all that apply.*

- Accommodations for childcare
- Allowing employees to work remotely full-time
- Downsizing the physical footprint of our organization
- Four-day work week
- Implementing hybrid work in office/home model
- Increased time off for any reason
- Sharing space with other organizations
- Six-hour work shifts
- Time off for mental health
- Time off for vaccines/testing
- Increased wages
- None of the above
- Other (please specify)

* 26. Our volunteer program has:

- Returned to pre-pandemic levels
- Decreased and not yet returned to pre-pandemic levels
- Maintained during the pandemic
- Increased during the pandemic
- We do not have a volunteer program/do not utilize volunteers.

Comments:

* 27. Is your organization requiring vaccines (and/or testing mandate)?

- Yes, for staff only
- Yes, for volunteers only
- Yes, for volunteers and staff
- No, and do not plan to
- Not currently, but likely will in the future
- Not sure yet
- Other (please specify)

Relief Funds

* 28. Please share with us your experience with these relief funds/funding sources:

	Requested and received from source	Requested but did not receive	Pending/Plan to request	Did not request	N/A - Was not available to our organization
Paycheck Protection Program (PPP), draw one	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paycheck Protection Program (PPP), draw two	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Economic Injury Disaster Loans (EIDL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
City or county ARPA funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deferral of Federal Employment Tax Deposits and Payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Employee Retention Tax Credits (ERTC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Federal Sick and Family Leave Tax Credits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Main Street Lending Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private banks or credit unions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shuttered Venue Operators Grant (SVOG)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct grant/appropriation from federal government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct grant/appropriation from state government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct grant/appropriation from county/city government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify the source and status)/ Comments:

* 29. Is your organization still in need of additional local, state, and/or federal government relief?

- Yes – additional relief is essential for our organization.
- Yes – additional relief would be helpful, but not essential.
- No – we are doing ok and no longer need government relief.
- Not sure

Comments:

* 30. Are you attempting to access American Rescue Plan Act (ARPA) funding from your local government(s)?

- Yes
- No
- Not sure

31. If you are NOT attempting to access ARPA funding, why not? *(Please skip this question if it does not apply.)*

- Don't know how to engage
- Don't know my local officials
- Don't know what ARPA is
- Other (please specify)

* 32. How are foundation and corporate funders currently responding to your organization's funding concerns?

Select all that apply.

- Our funders have been and remain more flexible than pre-pandemic (timelines, guidelines, reporting, etc.)
- Our funders provided general operating relief funding, which was not available prior to the pandemic.
- Our funders have returned to pre-pandemic requirements and funding practices.
- N/A – We do not receive income from funders.

Comments:

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Reserves and Cash Flow

* 33. How many months of cash reserves does your organization have on hand?

- We had none, or we have exhausted any reserves we may have had.
- We have 1-3 months of operating reserves remaining.
- We have 3-6 months reserves remaining.
- We have 6-9 months reserves remaining.
- We have 9+ months reserves remaining.

* 34. If you had pre-pandemic cash reserves, your organization's cash reserves have:

- Returned to pre-pandemic levels
- Decreased and not yet returned to pre-pandemic levels
- Maintained throughout the pandemic
- Increased during the pandemic
- N/A - We did not have pre-pandemic cash reserves.

Other (please specify)

* 35. Has your organization had to access endowment funds to meet operating expenses?

- Yes
- No
- N/A - We do not have an endowment.

Comments:

* 36. Financially, our organization is: *(Choose the answer that best applies.)*

- Still significantly struggling
- Getting by – we are going to be okay
- We are uncertain
- In better position than pre-pandemic
- Already closed or expect we will close
- Considering or may consider a strategic alliance or merger with a similar organization

Please elaborate:

37. If your organization received PPP funds in 2020 and/or 2021, how concerned are you about replacing those dollars with other sources in 2022? *(If you did not receive PPP funds, please skip this question.)*

- Not at all concerned
- Slightly concerned
- Moderately concerned
- Extremely concerned
- N/A - We did not receive PPP funds.

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Moving Forward

38. Share with us a story from the past year, such as a victory and/or a challenge.

39. Please share one or two significant changes that you have made/anticipate making permanent at your organization as a result of the pandemic.

40. What is your biggest concern for your organization in 2022?

41. What types of resources, education, or support would be most helpful to you in 2022?

42. Anything else that KNN, funders, or government officials should know?

43. (Optional) Please share your contact information in case we need to reach out to you for additional information or resources.

Name	<input type="text"/>
Organization	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City	<input type="text"/>
State	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Title	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>

44. If you left your contact information, are you willing to share your organization's story with attribution?

- Yes, you can share our story. I've included appropriate contact information below (if different than above).
- No, please do keep our replies confidential/anonymous.

If you answered yes, please note the appropriate name, email address, and phone number if the person is someone other than the poll respondent.