



KY Nonprofits & COVID-19 Check-In Survey

Please tell us how your nonprofit is doing.

Kentucky Nonprofit Network and Grantmakers of Kentucky are relaunching our survey to check in on the needs of Kentucky's nonprofit sector. Your responses will enable KNN, GOK and other partners to continue determining and providing the resources and support needed by Kentucky's nonprofits. Please let us hear from you by Monday, July 20.

***We seek 1 completed survey per organization. The survey should take approximately 15 minutes to complete. You can see the questions [here](#). If there is another person at your organization who is better suited to answer the poll about the economic and programmatic impact, please forward this email to them.**

***All individual responses will be kept confidential.**

***KNN's COVID-19 resource page is updated regularly: <https://www.kynonprofits.org/coronavirus>. We hold weekly virtual town hall meetings. [Please register here](#) and join us on Thursdays at 10:30am.**

***If you would like to receive communications from KNN, [please sign up here](#).**

Thank you for updating us!

* 1. These categories aren't perfect, but please select which one is the closest description of your organization:

* 2. Which of the following best describes your primary role at your organization:

- CEO/Executive Director
- Finance
- Operations/Human Resources/IT/Other administration
- Program manager
- Artistic director/manager
- Direct services (such as social worker, teacher, musician)
- Development/fundraising
- Public policy
- Board member
- Volunteer (other than board member)

* 3. 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"/> Grant | <input type="checkbox"/> Meade |
| <input type="checkbox"/> Adair | <input type="checkbox"/> Graves | <input type="checkbox"/> Menifee |
| <input type="checkbox"/> Allen | <input type="checkbox"/> Grayson | <input type="checkbox"/> Mercer |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Green | <input type="checkbox"/> Metcalfe |
| <input type="checkbox"/> Ballard | <input type="checkbox"/> Greenup | <input type="checkbox"/> Monroe |
| <input type="checkbox"/> Barren | <input type="checkbox"/> Hancock | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Bath | <input type="checkbox"/> Hardin | <input type="checkbox"/> Morgan |
| <input type="checkbox"/> Bell | <input type="checkbox"/> Harlan | <input type="checkbox"/> Muhlenberg |
| <input type="checkbox"/> Boone | <input type="checkbox"/> Harrison | <input type="checkbox"/> Nelson |
| <input type="checkbox"/> Bourbon | <input type="checkbox"/> Hart | <input type="checkbox"/> Nicholas |
| <input type="checkbox"/> Boyd | <input type="checkbox"/> Henderson | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Boyle | <input type="checkbox"/> Henry | <input type="checkbox"/> Oldham |
| <input type="checkbox"/> Bracken | <input type="checkbox"/> Hickman | <input type="checkbox"/> Owen |
| <input type="checkbox"/> Breathitt | <input type="checkbox"/> Hopkins | <input type="checkbox"/> Owsley |
| <input type="checkbox"/> Breckinridge | <input type="checkbox"/> Jackson | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Bullitt | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Perry |
| <input type="checkbox"/> Butler | <input type="checkbox"/> Jessamine | <input type="checkbox"/> Pike |
| <input type="checkbox"/> Caldwell | <input type="checkbox"/> Johnson | <input type="checkbox"/> Powell |
| <input type="checkbox"/> Calloway | <input type="checkbox"/> Kenton | <input type="checkbox"/> Pulaski |

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Campbell | <input type="checkbox"/> Knott | <input type="checkbox"/> Robertson |
| <input type="checkbox"/> Carlisle | <input type="checkbox"/> Knox | <input type="checkbox"/> Rockcastle |
| <input type="checkbox"/> Carroll | <input type="checkbox"/> Larue | <input type="checkbox"/> Rowan |
| <input type="checkbox"/> Carter | <input type="checkbox"/> Laurel | <input type="checkbox"/> Russell |
| <input type="checkbox"/> Casey | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Scott |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Lee | <input type="checkbox"/> Shelby |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Leslie | <input type="checkbox"/> Simpson |
| <input type="checkbox"/> Clay | <input type="checkbox"/> Letcher | <input type="checkbox"/> Spencer |
| <input type="checkbox"/> Clinton | <input type="checkbox"/> Lewis | <input type="checkbox"/> Taylor |
| <input type="checkbox"/> Crittenden | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Todd |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Livingston | <input type="checkbox"/> Trigg |
| <input type="checkbox"/> Daviess | <input type="checkbox"/> Logan | <input type="checkbox"/> Trimble |
| <input type="checkbox"/> Edmonson | <input type="checkbox"/> Lyon | <input type="checkbox"/> Union |
| <input type="checkbox"/> Elliott | <input type="checkbox"/> McCracken | <input type="checkbox"/> Warren |
| <input type="checkbox"/> Estill | <input type="checkbox"/> McCreary | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Fayette | <input type="checkbox"/> McLean | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> Fleming | <input type="checkbox"/> Madison | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Floyd | <input type="checkbox"/> Magoffin | <input type="checkbox"/> Whitley |
| <input type="checkbox"/> Franklin | <input type="checkbox"/> Marion | <input type="checkbox"/> Wolfe |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Marshall | <input type="checkbox"/> Woodford |
| <input type="checkbox"/> Gallatin | <input type="checkbox"/> Martin | |
| <input type="checkbox"/> Garrard | <input type="checkbox"/> Mason | |

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

- Under \$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

5. To help us tell the story of Kentucky's nonprofit sector, please tell us: how is the ongoing COVID-19 crisis impacting your organization? Select all that apply.

- We are serving many more people than before
- Our activity level has not changed too much
- Our activity level has been reduced by 50% or more
- We are completely shut down
- We have furloughed or laid off staff
- We have reduced staff compensation
- We have hired additional staff to meet increasing needs
- We are mobilizing more volunteers than before
- We are mobilizing fewer volunteers
- Other impact you'd like to share.

6. To what degree do you agree or disagree with the following?

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable for our nonprofit
We have adequate access to personal protective Equipment (PPE) and cleaning supplies	<input type="radio"/>				
PPE and cleaning supplies are available but are prohibitively expensive for us	<input type="radio"/>				
Federal government agencies have been flexible and helpful with contracts	<input type="radio"/>				
State government agencies have been flexible and helpful with contracts	<input type="radio"/>				
City/county government agencies have been flexible and helpful with contracts	<input type="radio"/>				
We are confident we will stay at our current or higher level of activity for the next year	<input type="radio"/>				
We are rethinking how our organization can deliver our programs/services	<input type="radio"/>				
We are considering or may consider a strategic alliance or merger with a similar organization	<input type="radio"/>				
We are uncertain about the financial future of our organization	<input type="radio"/>				
We believe we may have to close by the end of 2020	<input type="radio"/>				

7. What are your biggest concerns/needs surrounding reopening? Select all that apply.

- Additional cleaning and disinfecting of the workplace
- Availability of child care for employees
- Hiring back to pre-COVID-19 staff size
- Keeping employees and clients safe
- Liquidity or cash flow
- Meeting funder requirements/expectations
- Ramping up programs and services to meet new demand
- Re-configuring workplace and/or public areas to provide more space between individuals
- Resources, operating plans, and/or education around employee handwashing, distancing, not allowing at work if sick or running a fever, requiring use of PPE (mask, gloves)
- Retaining or re-engaging clients or reaching prior demand levels
- Requiring clients to use PPE (Masks, gloves)
- None of the above/not applicable
- Other (please specify)

8. What is the current working status for your employees?

- All employees are currently teleworking
- Staggered in-office schedules/partial telework
- All employees are in the office/service location(s)

Comments:

9. Have you made any short-term changes that you anticipate being made permanent? Select all that apply.

- Began new collaborations that will remain in existence
- Closing physical locations and operating/working remotely
- Hybrid of working from physical location and working remotely
- Cutting program expenses
- Cutting staff positions
- Reducing employee compensation and/or benefits
- Reducing services or programs to increase employee or client safety
- Increased cleaning practices
- Adding new services or programs to meet needs
- Hiring new staff to meet needs
- None of the above
- Other (please specify)



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Financial Implications of COVID-19

* 10. What is the approximate TOTAL dollar amount (\$) of decreased/lost revenue your organization has experienced so far as a result of COVID-19. *(If no decrease, enter 0.)*

* 11. What is the estimated percentage (%) this decrease represents of your organization's total annual revenue. *(If no decrease, enter 0.)*

* 12. What is the approximate TOTAL dollar amount (\$) of increased expenses your organization has experienced so far as a result of COVID-19. (If no increase, enter 0.)

* 13. What is the estimated percentage (%) this increase represents of your organization's total annual expenses. (If no increase, enter 0.)

* 14. As a result of COVID-19, has your organization:

- Reduced/planning to reduce programs/services offered and/or number served
- Increased/planning to increase program/services offered and/or number served

15. Please tell us about any relief loans your organization has received/applied for - select all that apply.

- We received a Paycheck Protection Program (PPP) loan
- We are awaiting a PPP loan
- We were denied a PPP loan
- We did not apply for a PPP loan
- We expect to have all or nearly all of our loan forgiven
- We received an Economic Injury Disaster Loan (EIDL)
- We are awaiting an EIDL
- We did not apply for an EIDL

Comments.



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Reduced services/clients

* 16. What is the approximate number of constituents who have/are/soon will experience a reduction in services from your organization as a result of COVID-19? (Number only please.)

* 17. What is the estimated percentage (%) this reduction represents of your total annual pre-COVID-19 client base/number of constituents? (% only please.)



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Increased services/clients

* 18. What is the approximate increase in constituents your organization is serving as a result of COVID-19? If no increase, please enter 0. (Number only please.)

* 19. What is the estimated percentage (%) increase this represents of your total annual pre-COVID-19 client base/number of constituents? If no increase, please enter 0. (% only please.)



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Moving Forward

20. In your opinion, how important is it that KNN and other nonprofit advocates prioritize the following public policy issues in advocating on behalf of the nonprofit sector?

	Very Important	Important	Somewhat important	Not Important at all
Ensuring that all small business relief programs are available to nonprofits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanding federal relief programs to include large nonprofits (with 500+ employees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expanding tax incentives that encourage charitable giving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implications of the state and local government budgets on nonprofits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increasing/extending unemployment benefits for furloughed or laid-off staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unemployment insurance relief for nonprofits that self-insure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student debt relief for nonprofit staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rent and mortgage relief programs for nonprofits renting or owning facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexibility in government contracts and grants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Voters' rights and voting access	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting nonprofits in doing Census outreach work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liability issues for nonprofit employers and facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

21. Share with us a highlight from the last few months such as a victory or something you are proud of and/or what you're struggling with.

22. Please let us know: what resources from KNN and/or other nonprofit support systems have you found most helpful (or not helpful at all) to you and/or your organization? What assistance do you still need? Your feedback will help KNN and others best support you moving forward.

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

24. (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"/>

25. 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.