Dear Business Owner,

The Mayor, City Council, and City Administrator are concerned about you and your business as we are all are going through uncharted waters with COVID-19. Our goal is to understand and capture your business needs as we strive to help coordinate informational resources between our government and our local business community, share information and provide assistance to help maneuver through these times. We will use your survey responses in that effort. In addition, we want to be able to direct you to resources if they are available. Thank you for participating in this confidential survey, which should take 5-10 minutes to complete.

Business Name (optional)

Business Type (please select all that apply)

Accommodations/food services

Agriculture

Construction

Administrative/Professional Services including Information/Real Estate/Insurance/Utilities

Transportation

Health care/Education

Arts/Entertainment/Recreation

Retail

Wholesale trade

Waste Services

Manufacturing

Other

If you checked 'Business Type Other', please input your information

Work Phone (optional)

Business Street Address (optional)

City/State/Zip (Business)

Do you own or lease your building used for business?

Own

Lease

**Business Owner Details**

Last Name

First Name

Email

Home/Mobile Phone

Estimated Adverse Economic Impact

**Adverse Impact Start Date**

When did your business start to see the negative impacts from COVID-19?

Up to now, what have been the negative impacts to your business from the COVID-19 situation?

Up to now, what have been the negative impacts to your business from the COVID-19 situation?

What areas of your business operation are you most concerned will be --or are being-- impacted by COVID-19? Select and number your top 4 (Highest concern 1…..Lowest 4)

Lease and/or Payments

Making Payroll

Product Demand

lack of customers

no out of town visitors/travel restrictions

student-based business

CDC or governmental mandates regarding gatherings

Other

What are one or two actions your City could take to assist you at this time in managing business operations during the COVID-19 emergency?

What help will your business need to continue operations?

**Estimated Revenue Impact**

Business Revenue During COVID-19 Situation

Business Revenue Same Period Previous Year

Have you or will you be Applying for Emergency or Disaster Loans that are available from SBA, FEMA or other sources?

Yes

No

**Impacts to Employees**

Employee Count Before COVID-19 Impact

What is your estimated employee layoff due to COVID-19?

Select

What is your estimated wage loss due to COVID-19?

This form completed by (Name/Organization Title)

Form Completed (Date)

Please Complete and Return to Keeley Adams at City Hall Prior to April 30.

ALL INFORMATION WILL BE HELD IN CONFIDENCE