



# Business Needs During Coronavirus (COVID-19)

Client Name

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1. Please enter your name. \*

**First Name**

**Last Name**

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2. What is your company's name?

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3. What is your preferred email address to receive our email communications? \*

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4. What is your work phone number?

ex: (xxx) xxx-xxxx

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5. Please enter your business five digit zip code.

6. How has coronavirus (COVID-19) impacted or how do you see the virus impacting your business in the next 15 - 30 days? \*

7. How do you see coronavirus (COVID-19) impacting your business in the next 31 - 90 days? \*

8. How many full-time jobs (35 hours or more per week) does your business have? Include yourself if you work full-time.

9. How many part-time jobs (less than 35 hours per week) does your business have? Include yourself if you work part-time.

10. Please indicate which employee benefits you currently offer. Please check all that apply:

- Dental**
- Employee Stock Option**
- Health**
- Retirement**
- Sick Leave**
- Tuition Reimbursement**

**Vacation** **Vision**

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11. How many employees will be affected as a result of this situation?

No Response

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12. Please provide your annual sales revenues (if any) for the last fiscal/calendar year.

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13. How do you see your revenues being affected?

No Response

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14. What areas would you like to receive assistance or additional resources as it relates to coronavirus (COVID-19) and your business?

 **Insurance Coverage** **Funding and Financial Assistance** **Employee Leave Policies** **Inventory and Supply Chain** **Marketing/Changing Markets** **Leadership/Team Management** **Tax Incentives/Relief**

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15. Is there another area of assistance you wish to know more about?

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16. What is your race?

- Native American/Alaskan Native**
- Asian American**
- African American or Black**
- Native Hawaiian/Pacific Islander**
- White**

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17. What is your ethnicity?

- Hispanic**
- Non-Hispanic**

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18. What is your gender?

- Male**
- Female**

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