Arts Services INC

WNY Arts Organization COVID Check In

1. Overview & Demographics

ASI is looking to collect updated COVID-19 impact data for WNY's arts and cultural nonprofit organizations as of the end of 2020. We will be using this data for advocacy purposes to support all WNY arts and cultural organizations. Please take a few minutes to answer the following questions. It is important that only one person from each organization responds to this survey to keep the results as accurate as possible.

A copy of the survey questions was emailed along with the link. Or click here to download a pdf of the survey. Please review the questions ahead of time to prepare your answers before starting the survey.
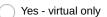
A general overview of the data collected will be shared with the industry through our website and collectives. We will not share the names of the organizations that participate in this survey or their specific responses. However, participating organizations may be invited to be part of a focus group to further discuss their needs. *(page 1/4)*

* 1. **Organization Name**

[   ]

* 2. **Primary Organization Contact**

Name	[ ]
Email	[ ]
Phone	[ ]
County	[ ]

* 3. **What art form or activity does your organization primarily represent?**

- ☐ Arts Education
- ☐ Culture/Heritage
- ☐ Dance
- ☐ Film/Media
- ☐ Literary Arts
- ☐ Museum/Architecture
- ☐ Music/Music Venue
- ☐ Outdoor Event/Festival
- ☐ Performing Arts Venue (multiple disciplines)
- ☐ State Park/Nature Reserve/Botanical Garden
- ☐ Theatre
- ☐ Visual Arts/Gallery
- ☐ Zoo/Aquarium
- ☐ Other (please specify)

[   ]

* 4. **Is your organization currently open to the public and/or providing events and programming for the community?**

- ○ Yes - in person only
- ○ Yes - virtual only
- ○ Yes - a hybrid of in-person and virtual
- ○ No. Please explain why not.

[   ]

Optional Demographic Data About your Executive Director

If you are willing to share, we would appreciate some general demographic data about your organization's top executive. We know that COVID-19 is disproportionately affecting communities of color. We would also like to evaluate where our industry stands in terms of diversity within organizational leadership.

We are defining "top executive" as the staff person within your organization who has the ultimate say in organizational and financial decision making. If you do not have paid staff, this could be the board member or volunteer who acts in that capacity.

5. With what gender does your top executive identify?

[   ]

6. What race/ethnicity is your top executive?

[   ]

7. Into what age range does your top executive fall?

☐ Under 30

☐ 30-45

☐ 46-60

☐ 61 or over

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2. Financial Impact

Please let us know how COVID has financially impacted your organization. Please give exact numbers whenever possible and make sure the time frames you compare are equivalent. *(page 2/4)*

* 8. **Please list your total operating <u>expenses</u> for the timeframes listed below.**

March 1, 2020-December 31, 2020

March 1, 2019-December 31, 2019

Percentage change

* 9. **Please list your total operating <u>revenue</u> for the timeframes listed below.**

March 1, 2020-December 31, 2020

March 1, 2019-December 31, 2019

Percentage change

* 10. **How much did you pay in rent and utilities during the timeframes listed below?** If you do not pay rent and utilities, please list $0.

March 1, 2020-December 31, 2020

March 1, 2019-December 31, 2019

* 11. **Have you lost any restricted revenue or assets since March 1, 2020 directly related to COVID-19?**

◯ No

◯ Unsure

◯ Yes - please list percentage lost and briefly explain the loss.

* 12. **Please list the amount of relief or additional funding you received since March 2020 in response to COVID.**

Paycheck Protection Program *(first draw)*

Paycheck Protection Program *(second draw)*

WNY COVID-19 Community Response Fund

NYSCA or NEA CARES

WNY Arts Emergency Relief Fund

ECIDA COVID Disaster Emergency Grant Program *(PPE)*

Other Foundation Relief funding

Other Corporate Relief funding

Other Government Relief funding *(city, county, etc.)*

Individual Donor Relief

Other *(please list)*

None *(please explain why)*

* 13. **Please list any loans and the amount you received in response to COVID-19 (examples EIDL, NY Forward, etc.).** If you did not receive any loans, please list N/A.

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3. Staff Support

Please let us know how many people do work for your organization. *(page 3/4)*

* 14. **How many employees did you have on payroll this past year vs. during the same time period pre-COVID?** If you do not have payroll employees, please list 0.

Full Time Employees *(March 1, 2020-December 31, 2020)*

Full Time Employees *(March 1, 2019-December 31, 2019)*

Part Time Employees *(March 1, 2020-December 31, 2020)*

Part Time Employees *(March 1, 2019-December 31, 2019)*

Seasonal/Event Employees *(March 1, 2020-December 31, 2020)*

Seasonal/Event Employees *(March 1, 2019-December 31, 2019)*

* 15. **Since March 1, 2020, have you had to do any of the following:**

☐ Implement NYS shared work program

☐ Furlough staff

☐ Change employment status (ex. decrease hours, change full time to part time status, remove benefits, etc.)

☐ None of the above

☐ Other (please explain)

* 16. **How many non-payroll staff support are involved in the work of your organization?** If none, please list 0.

Independent Contractors *(March 1, 2020-December 31, 2020)*

Independent Contractors *(March 1, 2019-December 31, 2019)*

Volunteers *(March 1, 2020-December 31, 2020)*

Volunteers *(March 1, 2019-December 31, 2019)*

Other (please specify)

* 17. **How much did you pay out in payroll and non-payroll staff support during the timeframes listed below?** Please include all full time staff salaries, part time and seasonal staff salaries, and independent contractor fees. If you are an all volunteer-run organization and do not pay employees or independent contractors, please list $0.

March 1, 2020 - December 31, 2020

March 1, 2019 - December 31, 2019

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4. Non-Monetary Support

Please let us know what kind of non-monetary support your organization needs right now. (page 4/4)

* 18. **What kind of non-monetary support could your organization use right now?** Choose all that apply.

- [ ] Technology (computers, cameras, microphones, platform subscriptions, etc.)
- [ ] Staff Support - Marketing and Design
- [ ] Staff Support - Development
- [ ] Staff Support - Finance
- [ ] Staff Support - Other
- [ ] Other (please specify)

- [ ] Regional or National Network Memberships/Subscriptions
- [ ] Advocacy
- [ ] Physical Supplies (PPE, cleaning supplies, office supplies, office furniture, etc.)
- [ ] Professional Services (printing, web development, facilities/maintenance, payroll, legal, etc.)

19. **What else would you like to share about how COVID has impacted your organization?**