



Haldimand County Administration Building
53 Thorburn Street South
Cayuga, ON N0A 1E0

1. What is the business's current operating status as a result of COVID-19?
 - a) Nothing has changed
 - b) Closed temporarily as we are not an essential workplace
 - c) Closed temporarily for other reasons
 - d) Closed permanently
 - e) Laid off staff
 - f) Reduced staff hours
 - g) Reduced services
 - h) Not opening for the summer season
 - i) Operating on a modified delivery schedule
2. If your business was temporarily closed how long did this closure last?

3. Please indicate which of the following best describes the impact COVID-19 has had on the health of your business. Please choose one only.
 - a) It has **not** had any significant impact on our business
 - b) Business has increased significantly
 - c) Business has increased slightly
 - d) Business has decreased slightly
 - e) Business has decreased significantly
 - f) The business is not currently operating
 - g) Additional notes:

4. How many employees did you have before COVID-19?
 - a) Full-time: _____
 - b) Part-time: _____
 - c) Seasonal: _____
5. Has the number of employees changed due to COVID-19?
 - a) Yes ____
 - b) No ____
 - c) If yes please indicate the change below:
Increased _____ Decreased _____

6. What are the areas of immediate concern to your business at this time? Please select all that apply.
- a) Generating revenue
 - b) Keeping our customers (now and future)
 - c) Maintaining demand for our products/services
 - d) Receiving products from our distributor
 - e) Meeting our required staffing levels
 - f) Our staffs' health and safety
 - g) Meeting our financial obligations (rent, debt, utilities)
 - h) Unable to pay wages or sick leave
 - i) Significant loss of cash flow
 - j) Access to credit
 - k) Bankruptcy
 - l) Government forced closure of our business
 - m) Choosing whether to stay open or closed
 - n) Other (please specify): _____
 - o) Additional notes: _____
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7. Are you able to maintain your business operations with the revenue you are currently generating if your situation lasts an additional:
- a) 3 months
 - i. Yes
 - ii. No
 - b) 6 months
 - i. Yes
 - ii. No

8. What measures, if any, have you taken in response to COVID-19. Please select all that apply.
- a) Business as usual, no measures taken
 - b) We have implemented a pre-existing contingency plan
 - c) We have made significant changes to our cleaning and sanitizing protocols
 - d) We have changed the way in which we sell/ and or deliver our products and services
 - e) We are working from home
 - f) We have had to take on additional liabilities
 - g) We have applied for funding/asked for rent support
 - h) We have shortened our hours of operation
 - i) We have extended our hours of operation
 - j) Additional notes: _____
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9. If you are reopening soon are you aware of provincial guidelines and have you developed a health and safety plan for reopening?

- a) Yes
- b) No
- c) Additional notes:

10. If your business is required to make health and safety upgrades as a result of provincial guidelines please provide more information of the upgrades that your business will need to implement _____

- a) If available, would you be interested in cost-share funding for these upgrades?
 - i. Yes
 - ii. No
- b) Additional notes:

11. Has the government assistance announced in response to COVID-19 helped your business?

- a) Yes
- b) No
- c) Additional notes :

12. Have you had challenges using technology to adapt to the current situation? If so what?

Please select all that apply.

- a) We don't know where to start
- b) We don't have time to invest in digital technology
- c) We don't currently have an online presence
- d) We have had trouble adapting to virtual meetings/appointments
- e) It has been difficult engaging and communicating with customers
- f) We don't have the financial resources to make an investment in adjusting our business model
- g) We have internet and/or cellular deficiencies
- h) We don't have enough phone lines
- i) Other (please specify): _____
- j) Additional notes:

13. What will be the most important needs for your business' recovery? Please select all that apply.

- a) We will need to re-orient our business model
- b) We will need access to capital (loans)
- c) We will need rent support
- d) Lifting the essential workplace order
- e) We will need to re-establish our supply chain
- f) We will need to train our staff
- g) We will need to put policies/ processes in place to ensure physical distancing
- h) We will need to put physical barriers in place to ensure physical distancing
- i) We will need to know how to clean and sanitize appropriately
- j) We will need sufficient staff numbers
- k) We will need to develop a plan to re-open
- l) Additional notes:

14. Haldimand County is currently putting together the following resources, would you be interested in learning more about any of the following:

- a) Resources or information that will help you re-open
- b) Guidance in navigating the various government programs implemented to support businesses through COVID-19
- c) Listings of where PPE can be sourced locally
- d) Marketing support/participating in a shop local Haldimand program
- e) Technology training/information on how to offer your business in a new format
- f) Certification to demonstrate to customers that you have implemented safety protocol to protect them
- g) Business to business forums to share ideas and information
- h) Additional notes:

15. Is there anything else you would like us to know about this situation or immediate assistance you need?

16. What is your primary industry?

- a) Farm
- b) Retail and Wholesale
- c) Construction
- d) Professional Services (financial, insurance, real estate, engineer)
- e) Other Services (hair dresser, car, machinery, electronic repair)
- f) Manufacturing and Distribution
- g) Accommodations

- h) Food and Beverage
 - i) Arts, Entertainment, Recreation
 - j) Health Care & Social Assistance (childcare, PSW)
 - k) Not-for-profit
 - l) Other (please specify) _____
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17. May we have your permission to follow-up with you directly on items you have raised to support you? We will get in touch with you following the survey.

- a) Yes, please follow-up.
- b) No, thank you

18. Business Name: _____
Email: _____
Phone Number: _____
Contact Name: _____