



TO: Federation Colleagues

FROM: Joy Goldstein
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RE Sample Needs Assessment Survey

This document includes a sample Covid-19 needs assessment survey for Federations to use to capture the impact of the crisis on their community organizations and to provide useful data for community decisions around planning, funding priorities and allocations.

Please note that while this may look long, many questions are check-off lists, and, of course, you can pick and choose what works for your community.

Some Federations are reaching out directly to agencies to gather data, and others are using platforms such as SurveyMonkey.

This survey was compiled using resources shared by Emily Bornstein (St. Louis), Shari Merrill (Greater Washington), Roxanne Cohen (San Francisco), and JFNA colleagues. Many thanks to these colleagues.

Please be in touch if you have any questions or would like to discuss.

Sample Survey - COVID-19 Jewish Community Organization Needs Assessment

ORGANIZATION INFORMATION

Organization Name:

Contact Name:

Contact Title/Role:

Contact Email:

Contact Phone:

Organization Type (choose one):

- Synagogue/Chabad
- JCC
- Jewish Day School/High School
- Overnight Camp
- Social Service Provider
- Preschool
- Jewish Education/Engagement organization not captured above
- Hillel
- Other: _____

In the area of human services, what programs and services are mainstays of your agency? (Please check all that apply.)

- Nutrition
- Health care
- Housing
- Cash Assistance
- Mental health services
- Services for elderly
- Other:

FINANCIAL INFORMATION

Organization Approved Annual Budget FY19/20:

Operating Reserves (Excess of revenues over expenses in approved FY19/20 Budget):

Cumulative reserves:

Projected shortfall attributable to Coronavirus through 6/30/2020 (or end of FY):

EMPLOYEES

Have you laid off or furloughed any employees as a result of Coronavirus, or do anticipate having to do so? (Select all that apply.)

- We have implemented lay-offs
- We have implemented furloughs.
- We anticipate having to lay off staff
- We anticipate having to furlough staff.
- No, we do not anticipate lay-offs / furloughs.

INSURANCE

Does your organization have business interruption insurance: Y/N

Please describe the type of insurance and amount of coverage:

Do you believe Coronavirus is an eligible business interruption event in your policy? Y/N

CLIENTS SERVED

Unduplicated number of people served in a *regular* one-month time period:

CURRENT CHALLENGES

What are the most pressing challenges for your *organization* at this time? (Select all that apply)

- Inability to provide mission-centric programs and services
- Lost revenue
- HR challenges due to social distancing restrictions
- Health/wellbeing of employees
- Health/wellbeing of members, students or clients
- Ability to meet payroll
- Ability to cover other operating expenses
- Need for new or increased services to support vulnerable populations
 - o Please list populations and increased service needs, for example, additional home deliveries for seniors
- Infrastructure/technology
- Other: _____

How well can you continue serving the following populations given the business disruptions caused by Coronavirus? (Scale – As usual; At a significantly reduced level; At a somewhat reduced level; Not at all)

- Seniors
- Financially At-Risk Adults (non-seniors)
- Families with Young Children
- Youth/Teens
- College Students
- Other: _____

What changes have you made in service provision as a result of Coronavirus?

By what percent has revenue from the following sources declined? (Scale)

- Membership dues/fees
- Program fees
- Fee for service revenue for social services
- Tuition
- Fundraising
- Loss of endowment value
- Other: _____

Notes/Comments:

Please describe sources of increased expenses:

- New business systems (Please describe)
- Technology upgrades
- New services to vulnerable populations
- Employee costs (severance, PTO, etc)
- Other: _____

Notes/Comments:

What is your estimated *revenue loss* due to business disruption from Coronavirus through 6/30/2020 (or through the end of the fiscal year):

- Under \$50K
- \$50K - \$100K
- \$100K - \$250K
- \$250K - \$500K
- \$500K to \$1 million
- Over \$1M

Estimated *net fiscal impact (revenue loss plus increased expense, offset by cost savings)* of business disruption through 6/30/20 (or end of fiscal year):

- Under \$50K
- \$50K up to \$100K
- \$100K up to \$250K
- \$250K up to \$500K
- \$500K up to \$1M
- Over \$1M

How long will you be able to maintain a level of support similar to your current level, for each of the following populations that your organizations serves? (1 month or less, 1-3 months, 3-6 months, longer than 6 months; N/A)

- Seniors
- Financially At-Risk Adults (non-seniors)
- Families with Young Children
- College Students
- Youth/Teens
- Other: _____

ADDITIONAL INFORMATION

What new support do you need from philanthropy, local, state, and federal government to help your agency as a result of Coronavirus? Please estimate total dollars needed.

Is there non-financial support that would be helpful to your organization now (such as training, technology, expertise, advocacy, other)? Please describe.

Please share additional information that will help us understand the fiscal impact of COVID-19 on your organization.

Thank you.