

## Saskatchewan COVID-19 Impact Survey

### Introduction

**This short survey is being generated by the Saskatchewan Economic Development Alliance (SEDA) and partnering agencies. Your input will enable us to gather consistent, high-level data on the impact of the COVID-19 pandemic to Saskatchewan businesses/organizations.**

**Our primary goal is to identify immediate and emerging business/organization needs and trends, in order to ensure all of our economic development partners, and key stakeholders are able to provide the best response possible.**

**You will have an option to leave your email and phone number which will be passed on to a local or regional professional for follow-up support.**

**Feel free to share this survey link as we want to hear from as many businesses and organizations as possible.**

1. Please indicate which community your business is closest to.

2. If you are a First Nation, please indicate which Nation you belong to.

3. How long has you been in operation?

- Less than 1 year
- 1 to 5 years
- 5 to 10 years
- Over 10 years

4. Products and/or services offered(indicate all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Accommodation & food services                  | <input type="checkbox"/> Mining, quarrying, oil & gas                 |
| <input type="checkbox"/> Administration, waste management & remediation | <input type="checkbox"/> Municipality or First Nation                 |
| <input type="checkbox"/> Agricultural                                   | <input type="checkbox"/> Non-profit                                   |
| <input type="checkbox"/> Arts, entertainment & recreation               | <input type="checkbox"/> Professional, scientific, technical services |
| <input type="checkbox"/> Construction                                   | <input type="checkbox"/> Real Estate and property management          |
| <input type="checkbox"/> Educational services                           | <input type="checkbox"/> Retail                                       |
| <input type="checkbox"/> Finance and insurance                          | <input type="checkbox"/> Transportation & warehousing                 |
| <input type="checkbox"/> Health care & social assistance                | <input type="checkbox"/> Utilities                                    |
| <input type="checkbox"/> Information or cultural industries             | <input type="checkbox"/> Wholesale Trade                              |
| <input type="checkbox"/> Manufacturing                                  |   |
| <input type="checkbox"/> Other (please specify)                         |   |

5. Type of location where you provide products/services. Check all that apply.

- Physical location
- Home based business
- Online

6. Please leave your email address and/or phone number if you would like follow-up information



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COVID-19 Impact

7. How has the COVID-19 impacted your operations to date? Check all that apply.

- Sales
- Customer demand
- Business operations
- Supply chain
- Employee availability
- Technology
- Not sure yet

8. Do you have employees?

- I am self-employed, and the only employee.
- Yes, 1 to 10 employees
- Yes , 11 to 50 employees
- Yes, over 50 employees

9. What is the status of your employees?

- We are still open with full staff.
- I have laid some employees off.
- I will be laying some employees off.

10. Do you have a plan to assist your employees?

- Yes
- No
- Not sure

11. Do you have general business continuity insurance?

- Yes
- No
- Not sure

12. Does your business insurance cover loss of income, inventory, and interruption of business?

- Yes
- No
- Not sure

13. Can your business model be adapted to service customers without being physically open? (deliveries, online etc)

- Yes
- No

14. Do you have a supplier or vendor list to advise them on the status of your business?

- Yes
- No
- Not sure

15. How long will you be able to manage your operating and/or business expenses?

- 1 year
- 6 months
- 3 months
- 1 month
- Can't meet expenses now
- Not sure

16. What is your estimated loss of revenue?

In 3 months

In 6 months

In 12 months



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Meeting your Needs

17. What are your immediate needs? Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance Advice ( loss of income; interruption insurance etc) | <input type="checkbox"/> Utility charges deferral             |
| <input type="checkbox"/> Whether or not to reopen                                       | <input type="checkbox"/> Alternate location to ship inventory |
| <input type="checkbox"/> Cash Flow/Operating Expenses                                   | <input type="checkbox"/> Tax/accounting preparation issues    |
| <input type="checkbox"/> Employee support/advice  | <input type="checkbox"/> Marketing                            |
| <input type="checkbox"/> Grants and financial supports                                  | <input type="checkbox"/> Supply chain issues                  |
| <input type="checkbox"/> Professional help to rebuild the operation                     | <input type="checkbox"/> Do not know yet                      |
| <input type="checkbox"/> Property/business tax deferral                                 |   |
| <input type="checkbox"/> Other (please specify)   |   |

18. What resources and support do you anticipate requiring in the next 4 to 6 weeks?

- |   |   |
|---|---|
| <input type="checkbox"/> Insurance Advice ( loss of income; interruption insurance etc) | <input type="checkbox"/> Utility charges deferral             |
| <input type="checkbox"/> Whether or not to reopen                                       | <input type="checkbox"/> Alternate location to ship inventory |
| <input type="checkbox"/> Cash Flow/Operating Expenses                                   | <input type="checkbox"/> Tax/accounting preparation issues    |
| <input type="checkbox"/> Employee support/advice  | <input type="checkbox"/> Marketing                            |
| <input type="checkbox"/> Grants and financial supports                                  | <input type="checkbox"/> Supply chain issues                  |
| <input type="checkbox"/> Professional help to rebuild the operation                     | <input type="checkbox"/> Do not know yet                      |
| <input type="checkbox"/> Property/business tax deferral                                 |   |
| <input type="checkbox"/> Other (please specify)   |   |



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Protection of Privacy

**By submitting this form, you are consenting to the sharing of your survey responses. Data is intended to be used anonymously to track emerging trends. However, respondents leaving contact information will be referred to individuals outside of SEDA.**