

**TWO-YEAR POST-HURRICANE FLORENCE FIELD STUDY IN LUMBERTON, NORTH CAROLINA
BUSINESS RECOVERY SURVEY**

OMB CONTROL #0693-0078; EXPIRATION DATE: 07/31/2019
(NIST GENERIC CLEARANCE FOR COMMUNITY RESILIENCE DATA COLLECTIONS)

Date: _____ Surveyor(s): _____

PIN: _____ Business Name: _____

Address: _____

1. What is the operational status of this business?

- 1. Open
- 2. Permanently closed
- 3. Moved to alternative location (provide address: _____)
- 4. Not sure/don't know:

(take notes on any information that can help us identify the status of the business: _____)

[THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY BUSINESS OWNER OR MANAGER]

2. What is your role with this business? 1. Owner 2. Manager 3. Owner and Manager

3. Does this business have any of the following federal classification? *[Please circle all that apply]*

- 1. Woman-owned
- 2. Minority certified by the SBA (8a)
- 3. Veteran-owned
- 4. NONE

The first set of questions are intended to capture how recovery is going following the flooding in 2016 caused by Hurricane Matthew. And to give us an idea of where your business was in recovery before Hurricane Florence.

FOLLOW-UP: HURRICANE MATTHEW

4. What kind of damage was caused by Hurricane Matthew and how severe was the damage? *[hand damage description card to business owner/manager]*

Flood depth	_____ inches
Building damage (due to flood)	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Building damage (due to wind)	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Contents/inventory damage	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Machinery/equipment damage	1. None 2. Minor 3. Moderate 4. Severe 5. Complete

5. Where do you feel your business was in the process of recovery immediately BEFORE Hurricane Florence?

- 1. Still in survival/response mode
- 2. Recovering
- 3. Mostly recovered
- 4. Fully recovered
- 5. Still in operation but would never recover (please explain) _____

6. What is the % capacity at which you were operating immediately BEFORE *Hurricane Florence*? _____ %
[For “capacity,” consider aspects of the business that are most important to you, like the quality and/or quantity of service or product offerings. For example: 50% for reduced capacity, 110% for increased capacity, or 0% for businesses that have not resumed operations.]

7. Please indicate your level of agreement with the following statements.

a. Prior to *Hurricane Florence*... [between Hurricane Matthew and Florence]

We now have more suppliers from outside our city than we did before HF	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
--	--

b. Currently...

We now have more suppliers from outside our city than we did before HF	1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree
--	--

8. How profitable was your business...

a. Before Hurricane Matthew	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed
b. Between Hurricane Matthew and Florence	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed

What about now?

c. Now	Highly profitable	Profitable	Breaking even	Unprofitable	Highly unprofitable	closed
---------------	-------------------	------------	---------------	--------------	---------------------	--------

9. Do you still require physical repairs from Hurricane Matthew?

- 1. Yes
- 2. No
- 3. N/A

↳ a. If **YES**, what percent of your repairs still need to be completed? _____

10. How much would you say Hurricane Florence affected your recovery from Hurricane Matthew?

- 1. Not at all
- 2. A little
- 3. Moderately
- 4. Severely

5. Not applicable (not affected by Matthew)

Okay, thank you. The next series of questions is going to ask about financial recovery resources to understand what was or may not have been available to businesses in Lumberton.

11. How did you finance your business's recovery from Hurricane Matthew? Please indicate with a percentage for example, my recovery was funded 20% by credit card, 60% by personal savings, and 20% by insurance.

personal savings	
Credit card	
Corporate assistance (or assistance from another branch/location)	
Insurance	
Donations	
Private bank loans	
Crowd funding	
Assistance from friends or family	
Federal assistance programs (e.g. Small Business Administration loans) (List: _____)	
State assistance programs (e.g. Resilient Recovery Loan Program) (List: _____)	
Local assistance programs (e.g. grant or loan from the city or local non-profit) (List: _____)	
Other:	
Other:	
Other:	
TOTAL	100

[Alternative, circle if not owner or if respondent doesn't know]: DK

12. How important were the decisions of other businesses (those on the same block as your business) to remain open or to close in your own decision?

1. Not at all important
2. Somewhat unimportant
3. Neither important nor unimportant
4. Somewhat important
5. Very important

IMPACT AND RECOVERY FROM HURRICANE FLORENCE

These next series of questions are intended to capture information about the impact and recovery from Hurricane Florence. Please think about the days or weeks immediately following Hurricane Florence when providing your responses.

13. What kind of damage was caused by Hurricane Florence and how severe was the damage? [hand damage description card to owner/manager]

Building damage (due to flood)	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Flood depth	_____ inches
Building damage (due to wind)	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Contents/inventory damage	1. None 2. Minor 3. Moderate 4. Severe 5. Complete
Machinery/equipment damage	1. None 2. Minor 3. Moderate 4. Severe 5. Complete

14. Did your business lose any of the following utilities? And for how long?

[* N/A: not applicable, if your business does not use this service, please indicate N/A; DK: don't know]

electric power?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have electricity
water?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have water
natural gas?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have natural gas
sewer?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have sewer
landline phone?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have landline
cell phone service?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have cell service
Internet/IT?	1. Yes 2. No 3. DK 4. N/A	_____Hours or _____ Days	still don't have internet/IT

15. Did this business experience physical accessibility problems after Hurricane Florence like street or sidewalk closures?

1. Yes 2. No

16. Immediately following Hurricane Florence, did you completely cease operation at this location?

1. Yes 2. No

17. How long did it take for your business to resume operations? _____ (days)

18. Did you have any employee(s) who could not report to work due to any of the following issues after Hurricane Florence:

transportation problems?

1. Yes 2. No

their need to repair their home?

1. Yes 2. No

their children were not back to school?

1. Yes 2. No

disaster-related physical health issues?

1. Yes 2. No

disaster-related mental health issues?

1. Yes 2. No

19. Did this business experience loss of customers after Hurricane Florence?

1. Yes (_____% loss of customers) 2. No

20. Where do you feel your business is in the process of recovery since Hurricane Florence?

- 1. Still in survival/response mode
- 2. Recovering
- 3. Mostly recovered
- 4. Fully recovered
- 5. Still in operation but will never recover (please explain) _____

21. Compared to before Hurricane Florence, what is the % capacity at which you are NOW operating? _____%

22. a. Immediately before Hurricane Florence, how many full time and part time employees did this business have?

Before: Full time _____ Part time _____

b. What about now?

Now: Full time _____ Part time _____

RECOVERY FINANCE

Thank you! These next few questions are about recovery finance options following Hurricane Florence.

23. Did you have flood insurance coverage on the building, contents, or business interruption before Hurricane Florence? Did you file claims and receive money?

	Had Insurance?	Filed Claim?	Received Money?	Received When? (months after Florence)
Building insurance	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
Content insurance	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
Business interruption insurance	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	

Liability insurance	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	
---------------------	--------------	--------------	--------------	--

24. Did you receive any of the following assistance in recovery from *Hurricane Florence*?

Assistance Description	Applied?	Received?	Received When? (months after Florence)
a. FEMA financial assistance	1. Yes 2. No	1. Yes 2. No	
b. SBA (Small Business Administration) loan	1. Yes 2. No	1. Yes 2. No	
c. Other federal or state funds (specify): _____	1. Yes 2. No	1. Yes 2. No	
d. Local government funds (specify): _____	1. Yes 2. No	1. Yes 2. No	
e. Financial assistance from any church or other non-government organizations?	1. Yes 2. No	1. Yes 2. No	
f. Clean up or repair help from church or other non-government organizations?	1. Yes 2. No	1. Yes 2. No	
g. Loan from a Bridge Loan** program	1. Yes 2. No	1. Yes 2. No	
h. Private/bank loans	1. Yes 2. No	1. Yes 2. No	
i. Crowdsourcing online?	1. Yes 2. No	1. Yes 2. No	
j. Fundraisers (in-person/not online)?	1. Yes 2. No	1. Yes 2. No	
k. Other(s)? _____	1. Yes 2. No	1. Yes 2. No	

** Bridge Loan: typically, loans between \$1,000 and \$50,000 for up to one year. While the bridge loan is a source of expedient funds, it is not designed to be the primary source of assistance for affected small businesses

25. How long can this business function in a deficit [enter number of days, weeks, months, and specify which time unit]? _____

MITIGATION, PREPAREDNESS, AND ADAPTATION

These next questions are going to capture information about mitigation, preparedness, and adaptation following Hurricanes Matthew and Florence.

26. IF YOUR BUSINESS OWNED/OWNS THE BUILDING. Did you adopt any of the following mitigation strategies? *[Please indicate with an "X" all that apply; If does not own building, skip to Q27]*

Mitigation or Preparedness Action	No adoption	Adopted <u>before</u> Hurricane Matthew	Adopted <u>between</u> Hurricane Matthew and Hurricane Florence	Adopted <u>after</u> Hurricane Florence
a. Floodproofing of building done by professionals				
b. Floodproofing of building done by nonprofessionals (including themselves)				
c. Secondary storage location secured				
d. Structurally assessed the building by an engineer				

27. FOR ALL BUSINESSES: Did this business have any of the following emergency management strategies in place before Hurricane Florence? Does it still have or has it added them since Hurricane Florence? *[Please indicate with an "X" all that apply]*

Mitigation or Preparedness Action	No adoption	Adopted <u>before</u> Hurricane Matthew	Adopted <u>between</u> Hurricane Matthew and Hurricane Florence	Adopted <u>after</u> Hurricane Florence
a. Performed risk assessment to identify business vulnerability to disasters				
b. Adopted strategies to stay informed of weather watches and warnings				
c. Developed a written emergency action plan or checklist				
d. Assigned disaster responsibilities to specific employees				
e. Performed emergency management drills regularly				

BUSINESS INFORMATION

Now, I'd like to ask you general questions about your business, and then some general business questions.

28. In what year was this business established at this location? _____ (Year)

29. Does this business own or rent the building?

- 1. Own (including buying the building with mortgage)
- 2. Rent
- 3. Other (please specify) _____

30. What was the business ownership structure before *Hurricane Florence*?

- 1. Single owner
- 2. Partnership (multiple owners)
- 3. Corporation or franchise
- 4. Cooperative

Other (please specify): _____

OWNER/MANAGER DEMOGRAPHICS

31. How many years have you worked as a business owner/manager here or for other businesses?
_____ (years)

32. What is your age? _____ (years)

33. What is your number of years of schooling? Enter number of years _____ and indicate type of diploma or degree: 1. High School 2. Associate degree 3. Bachelors 4. Masters or higher degree

34. Are you Hispanic? 1. Yes 2. No

35. What is your race? Please select one or more.

1) White	5) Native Hawaiian or other Pacific Islander
2) Black or African American	6) [If respondent selects >1, surveyor must specify codes] _____
3) American Indian or Native American	
4) Asian	

We would like to get some additional information from you in order to make future surveys easier and at your convenience. Would you be willing to provide your first name and email address? YOU WILL NOT RECEIVE ANY EMAILS BEYOND OUR REQUEST FOR ADDITIONAL CLARIFICATION ON THIS SURVEY.

Name: _____

Business Email: _____

Lastly, if you have any comments about the survey and/or business recovery after the flood, please write them down in the space below.

THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. For this collection, the OMB Control number is:0693-0078 with an expiration date: July 31, 2019. Public reporting burden for this collection is estimated to be 15 minutes per survey, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: Dr. Jennifer Helgeson, NIST, 100 Bureau Drive, MS 8603, Gaithersburg, MD 20899-1710, telephone 301-975-6133, or via email:jennifer.helgeson@nist.gov.

Privacy Act Statement

Authority: The Paperwork Reduction Act of 1980 (Pub. L. No. 96-511, 94 Stat. 2812, codified at 44 U.S.C. §§ 3501-3521).

Purpose: The National Institute for Standards and Technology (NIST) conducts Community Resilience research and surveys through the Generic Paperwork Reduction Act Clearance, OMB CONTROL NO. 0693-0078
Expiration date: 07/31/2019.

Routine Uses: NIST will use this information to conduct a systematic process evaluation of the NIST Community Resilience Planning Guide implementation. This is not a Privacy Act system of Records, therefore there is no System of Records Notice associated with this collection.

Disclosure: Furnishing this information is voluntary. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.