

## Senior Corps Grantee COVID-19 Impact Survey

Program: SCP/FGP/RSVP

Grant Number: Fill in the blank

State of Service: (Drop down of states and territories)

1. Is your staff working at this time? Y/N
2. If no, when does your organization anticipate returning to work?
  - a. Date (month/year drop down)
  - b. Too uncertain to anticipate a date
  - c. We do not anticipate returning to service in the upcoming fiscal year
3. What percentage of your volunteers are currently serving? (Drop down: 0%, less than 25%, 25%, 50%, 75%, 100%)
4. If you do not have volunteers serving, when does your program anticipate returned to service?
  - a. Date (month/year drop down)
  - b. Too uncertain to anticipate a date
  - c. We do not anticipate returning to service in the upcoming fiscal year
5. What percentage of your volunteers do you anticipate will return to service? (Drop down: less than 25%, 25%, 50%, 75%, 100%)
6. What percentage of your anticipated clients will be able to be served? (Drop down: 0%, less than 25%, 25%, 50%, 75%, 100%)
7. What percentage of your volunteers have smart technology (i.e. smart phone, tablets, etc)? (Drop down: 0%, less than 25%, 25%, 50%, 75%, 100%)
8. What percentage of your volunteers need basic level of training to utilize new technology (i.e. do not have a smart phone or only use their phones for calling others)? (Drop down: 0%, less than 25%, 25%, 50%, 75%, 100%)
9. What percentage of volunteers have a basic comprehension of smart technology but need additional training on higher level technologies such as Google Classroom, Zoom, etc.? (Drop down: 0%, less than 25%, 25%, 50%, 75%, 100%)
10. Has your organization implemented and/or any policies related to staffing/volunteers/service population due to COVID-19? (Y/N)
11. How helpful has the COVID-19 Senior Corps FAQ been to you? (Scale 1-5; 1=not seen it, 5=very helpful)
12. Does your organization anticipate additional costs this fiscal year? Y/N
13. If yes, what additional costs does your program anticipate needed to adjust to new ways of volunteers?
  - a. Select all that apply: Personnel Expenses, Postage, PPE, Volunteer Support Costs, Insurance, Recognition, Technology, Training
  - b. Other [Comment box]
14. Do you have other CNCS grants?
  - a. If Yes, which (Other Senior Corps grant, VISTA, ASN, NCCC, Days of Service)