

OMB Control # 0693-0078**Expiration Date 7/31/2022**

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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 THE BUSINESS OWNER OR MANAGER)

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

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

4. In which year did you start working for this business? _____

RECOVERY STATUS**5. What is the current status of this business?**

- a) Fully open with the same products and services as pre-COVID-19
- b) Open, but with fewer or different products or services as pre-COVID-19
- c) Temporarily closed, but plan to reopen
- d) Permanently closed
- e) Other (Please explain)

6. What is the % capacity at which your business is currently operating? _____ %

(Prompt: think of what 100% capacity means for your business. (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.)

6.a. [if 6=No] What are the reasons your business is not running at full capacity? (e.g., hiring, supplies, etc.)

 _____ [open-ended response]

7. How profitable is your business currently?

1. Highly profitable 2. Profitable 3. Breaking even 4. Unprofitable 5. Highly unprofitable 6. Closed

8. Do you feel like your business was impacted by the following events and have you recovered?

8.a. Was your business adversely impacted by Hurricane Matthew: YES / NO / DK

i. [If Yes] How was it affected?

- Gross revenue decrease
- Physical damage
- Capacity decrease
- Keeping employees
- Keeping customers
- Other _____

ii. Did the business recover fully?

- ☐ Not Recovered
- ☐ Partially recovered
- ☐ Fully recovered
- ☐ Still in operation but will never recover (please explain) _____

iii.

- 1. [if Yes – fully recovered] When?
- 2. [if No – not fully recovered] Why not? _____

8.b. Was your business adversely impacted by Hurricane Florence: YES / NO / DK

i. [if Yes] How was it affected?

- Gross revenue decrease
- Physical damage
- Capacity decrease
- Keeping employees
- Keeping customers
- Other _____
-

ii. Did the business recover fully?

- ☐ Not Recovered
- ☐ Partially recovered
- ☐ Fully recovered
- ☐ Still in operation but will never recover (please explain) _____

iii.

1. [if Yes – fully recovered] When?
2. [if No – not fully recovered] Why not? _____

8.c. Was your business adversely impacted by COVID-19: YES / NO / DK

i. [if Yes] How was it affected?

- Gross revenue decrease
- Physical damage
- Capacity decrease
- Keeping employees
- Keeping customers
- Other _____

ii. Did the business recover fully?

- ☐ Not Recovered
- ☐ Partially recovered
- ☐ Fully recovered
- ☐ Still in operation but will never recover (please explain) _____

iii.

1. [if Yes – fully recovered] When?
2. [if No – not fully recovered] Why not? _____

**8.d. Was your business adversely impacted by another major event (in the last 5 years)?:
YES / NO / DK**

i. Please define the event: _____

ii. [if Yes] How was it affected?

- Gross revenue decrease
- Physical damage
- Capacity decrease
- Keeping employees
- Keeping customers
- Other _____

iv. Did the business recover fully?

- ☐ Not Recovered
- ☐ Partially recovered
- ☐ Fully recovered
- ☐ Still in operation but will never recover (please explain) _____

v.

1. [if Yes – fully recovered] When?
2. [if No – not fully recovered] Why not? _____

9. Please assess how the COVID pandemic affected business recovery from previous hurricane impacts:

1. No effect due to the COVID pandemic
2. Recovery was hurt by the COVID pandemic
3. Recovery was helped by the COVID pandemic
4. N/A, no hurricane impact or was already fully recovered

10. How do/would you assess whether your business is FULLY RECOVERED after an interruption (e.g., from natural disaster impacts and/or COVID-19)? Select all that apply.

- Expected gross revenues achieved
- Adequate number of employees achieved
- Producing/selling at the same level as before the disruption
- Full repair of property damages
- Full building functionality achieved
- Other (Please explain) _____

11. From the list below, please select the top three concerns for your business today. Then indicate whether you have the resources and information needed to reduce potential impacts.

Potential concern [Circle the three of greatest concern today]	Does your business have the resources and information needed to manage this risk? [YES / NO / DK / N/A]
Natural hazards and extreme weather events	
Pandemic (Subsequent wave of COVID-19)	
Business, financial, and market volatility (e.g., supply chain disruption, operational issues)	
Other public health issues	
Workforce issues (e.g., workforce safety, workforce reduction, absenteeism, retaining/rehiring staff)	
Consumer-side issues (e.g., preferences for online shopping, reductions in foot traffic, low holiday seasonal sales)	
Supply side issues	
Inflation	
Price of fuel	
Utility service dependability	
Other _____	

12. Approximately how much money in total has been spent on this business' recovery from Hurricane damage (combined Hurricane Matthew and Florence)? Please consider physical damage to the structure and any other losses. Please select a range from the following:

- ☐ None
- ☐ \$1 – \$9,999
- ☐ \$10,000 – \$19,999
- ☐ \$20,000 – \$49,999
- ☐ \$50,000 – \$99,999
- ☐ \$100,000-\$250,000
- ☐ \$250,000-\$500,000
- ☐ More than \$500,000
- ☐ Don't Know
- ☐ Does not apply

13. Did your business apply for financial assistance during the pandemic? YES/NO/DK

[If Yes] What types of financial support have been applied for and received during the pandemic? (Check all that apply)

Source	Applied?	If received, When?
a. Federal assistance, e.g. Paycheck Protection Program (please specify):		
b. State assistance, e.g. North Carolina COVID-19 Rapid Recovery Lending Program (please specify):		
c. Local assistance (please specify):		
d. Other (please specify):		

14. How did you finance your business' recovery from the Hurricanes? Please circle the two sources that covered the greatest percentage of the expense.

Personal savings

Credit card
Corporate assistance (or assistance from another branch/location)
Insurance
Donations
Private bank loans
Crowdfunding
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:

15. Did this business previously carry, currently carry, or plan to have any of the following insurance coverage? (YES/ NO / DK)

Insurance Coverage	Previously carried	Currently carry	Plan to in next 6 months
a. Business property insurance on contents			
b. Flood insurance on contents (NFIP)*			
c. Business income interruption insurance			
d. Business liability insurance			

MITIGATION AND PREPAREDNESS

16. Has this business adopted or have plans to adopt any of the following preparedness or mitigation strategies? (Please indicate the year adopted or planning to adopt)

Action	Year adopted	Plan to in the future	N/A
a. Floodproofing of the building			
c. Secured a secondary storage location			
d. Had the building structurally assessed by an engineer			
e. Performed risk assessment to identify business vulnerability to extreme weather events			
f. Adopted strategies to stay informed of weather watches and warnings			
g. Assigned disaster responsibilities to specific employees			
h. Performed emergency management drills regularly			
i. Developed a formal emergency action plan or checklist			
j. Backed up all important documents			
k. Store Inventory and other supplies in higher locations			
l. Curbside pick-up			
m. Develop/update telework plans			
n. Establish or increase remote/online sales capacity			
o. Keeping an emergency fund ("rainy day" money on-hand)			
p Other:			
q Other:			

17. How confident are you that the following services will be provided after a disaster event?
Have you secured an alternative provider (e.g. changed cell carrier, bought a generator, drilled a well, etc.)?

Utility	Certainty that this utility will be available 2-3 days after an event 0= Very uncertain 5= Very certain	The business has found an alternative provider or source
a. Electricity	0 1 2 3 4 5 N/A	1. yes 2. no

b. Water	0 1 2 3 4 5 N/A	1. yes 2. no
c. Natural Gas	0 1 2 3 4 5 N/A	1. yes 2. no
d. Sewer/septic	0 1 2 3 4 5 N/A	1. yes 2. no
e. Landline Phone	0 1 2 3 4 5 N/A	1. yes 2. no
f. Cell Phone	0 1 2 3 4 5 N/A	1. yes 2. no
g. IT/Internet	0 1 2 3 4 5 N/A	1. yes 2. no
h. cable TV	0 1 2 3 4 5 N/A	1. yes 2. no

18. Has this business ever considered moving locations?

1. Yes, within Lumberton
2. Yes, outside of Lumberton
3. No, never considered

19. In your opinion, TODAY how well-mitigated and prepared is your business to deal with hurricanes?

1. Very well (SKIP TO QUESTION 20)
2. Well (SKIP TO QUESTION 20)
3. Somewhat well (SKIP TO QUESTION 20)
4. Poorly
5. Very poorly
6. Don't know

19b. Why do you feel your business is poorly mitigated and prepared? *[Please circle all that apply]*

1. Lack of money
2. Lack of time
3. Lack of workers
4. Lack of information on how to mitigate and prepare for hurricanes
5. Other (SPECIFY): _____

BUSINESS INFORMATION**20. How many full time and part time employees does this business have?**

Full time _____ Part time _____

21. Does this business own or rent the space?

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

22. If there were any public health restrictions (e.g., stay-at-home orders, movement limitations, limits on public gatherings, or requirements for social distancing), is/was your organization designated as:

- ☐ Essential
- ☐ Non-essential
- ☐ Some segments were essential, some were not
- ☐ Not sure/don't know

Loan Choice Activity

Suppose a hurricane reduces the capacity of your business by 50% for an expected period of a year, bank loans are not an option, and a local Chamber of Commerce decides to provide loans to all businesses in your community to help mitigate the impacts. Three months after the hurricane, you are automatically pre-approved for the loan, and the loan is interest free for up to 5 years.

We are interested in understanding your preferences for various types of loans. Please answer the following hypothetical questions.

23.a

Conditions	Loan A	Loan B	No Loan
<i>When are the funds of the loan available</i>	30 days	180 days	
<i>The total value of the loan</i>	2 months of your typical payroll	6 months of your typical payroll	

Please select one of the following:

- ☐ I would apply for Loan A
- ☐ I would apply for Loan B
- ☐ I would not apply for a Loan

23.b

Conditions	Loan A	Loan B	No Loan
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<i>When are the funds of the loan available</i>	180 days	360 days	
<i>The total value of the loan</i>	2 months of your typical payroll	6 months of your typical payroll	

Please select one of the following:

- ☐ I would apply for Loan A
- ☐ I would apply for Loan B
- ☐ I would not apply for a Loan

23.c

Conditions	Loan A	Loan B	No Loan
<i>When are the funds of the loan available</i>	30 days	360 days	
<i>The total value of the loan</i>	2 months of your typical payroll	6 months of your typical payroll	

Please select one of the following:

- ☐ I would apply for Loan A
- ☐ I would apply for Loan B
- ☐ I would not apply for a Loan

OWNER/MANAGER DEMOGRAPHICS

24. How many years have you worked as a business owner/manager? _____ (years)

25. What is your age? _____ (years)

26. Are you Hispanic? You may skip this question. 1. Yes 2. No

27. What is your race? Please choose one or more. You may skip this question.

1. White 2. Black or African American 3. American Indian or Native American 4. Asian
(Asian Indian, Chinese, Korean, etc.) 5. Native Hawaiian or other Pacific Islander

28. What is your number of years of schooling? Enter number of years _____

28.a. Indicate type of diploma or degree: 1. High School 2. Associate degree 3. Bachelors
4. Masters or higher degree

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: _____

THANK YOU VERY MUCH FOR COMPLETING THE SURVEY!