



▶ Assessing the Needs of Business in Montserrat affected by COVID-19

▶ **Date:** April 2020

The impact of COVID-19 on all businesses in Montserrat

The [Please Insert Name of Business Association eg. MCCI, SBA, Farmer's Association, Hospitality Association, Tour and Taxi etc] is conducting a Business survey to understand your situation and challenges due to the on-going crisis of COVID-19. Your response will assist with planning for re-opening the economy. The information you provide will be kept confidential. The survey will take no more than 30 minutes to complete. We thank you for your support during these difficult times.

Business Name:

Respondent Name and position

Mobile number and email

Location of Business

1. Total number of workers before COVID-19:

- Full-time Part-time Temporary
-

2. Sector(s) of operation (Please tick all relevant boxes):

- | | |
|---|--|
| <input type="checkbox"/> agriculture/farming/fishing | <input type="checkbox"/> metal fabrication and machinery |
| <input type="checkbox"/> chemicals and plastics | <input type="checkbox"/> mining and refining |
| <input type="checkbox"/> construction | <input type="checkbox"/> oil and gas |
| <input type="checkbox"/> education | <input type="checkbox"/> real estate activities |
| <input type="checkbox"/> electronics and electrical equipment | <input type="checkbox"/> restaurants |
| <input type="checkbox"/> financial or insurance activities | <input type="checkbox"/> retail/sales |
| <input type="checkbox"/> food and beverage | <input type="checkbox"/> textile, leather and apparel |
| <input type="checkbox"/> forestry/wood/paper products | <input type="checkbox"/> tour and taxi |
| <input type="checkbox"/> information and communication | <input type="checkbox"/> transportation and transportation equipment |
| <input type="checkbox"/> hotel/tourism | <input type="checkbox"/> Other, please specify |
-

3. Is your Business currently in operation?

- Fully on site Partially
 Fully but remotely (teleworking) Not operating
-

3.1 Is your Business your primary source of income?

- Yes No
-

4. Have you had to dismiss or do you plan to dismiss any workers due to COVID-19?

- Yes No
-

4.1 If yes, how many do you plan to release? (Please include numbers as needed below)

- Full-time staff Part-time staff Temporary Staff
-

5. Does your Business have a written business continuity plan?

- Yes No

6. Are any of your workers or their families infected by COVID-19?

- Yes No
-

7. Does your business have adequate access to sanitisers, masks and other personal protective equipment and products?

- Yes No
-

7.1 If no, please specify below what is needed and amounts?

8. Did you change your business operations or service delivery to protect your Business against COVID-19?

- Yes No
-

9. Which are the challenges your Business currently faces resulting from COVID-19? (Please tick relevant boxes and explain where possible)

- ▶ Cash flow to maintain staff and business operations is inadequate. Yes No
 - ▶ Workers are absent from work due to illness. Yes No
 - ▶ Workers are absent from work because children are not at school. Yes No
 - ▶ Workers are absent from work due to government orders. Yes No
 - ▶ Difficulty getting supplies for the business. Yes No
 - ▶ Business partners have been badly affected and are not operating normally. Yes No
 - ▶ Customers / clients have been affected and demand is lower than normal. Yes No
 - ▶ Others, please specify.
-

9.1 What challenges to your business continuity resulted from lack of access to critical government services (eg. Licensing, Postal Service, Ferry service, Sale of Agricultural seedlings)? Please explain below:

9.2 What challenges to your business continuity resulted from lack of access to other critical services (eg. Banking, Utility Services, Mechanical Services, Transportation etc)? Please explain below:

10. Was your business fully, partially or not insured before the COVID-19 crisis occurred?

- Fully Partially Not at all

10.1 If yes, what type of insurance did your business have?

11. What has been the level of financial impact (revenue or sales) on your business and disruption to business operations (high, medium, low, not applicable)?

- High Medium Low NA
-

12. Do you have funding (e.g. cash on hand, savings) or access to alternative/external sources (e.g. loans or grants) of funding to help the business recover?

- Yes No

13. If yes, is this funding a sufficient amount?

- Yes No
-

14. Have you applied to Government for assistance?

- Yes No

14.1 If yes, have you had a response from Government?

- Yes No

15. How long do you envisage it will take for your business to fully restore operations?

- Less than 7 days Between 91 and 180 days
 Between 8 and 30 days Over 181 days
 Between 31 and 90 days I am considering closing temporarily or permanently.
-

15.1. Do you envisage increased demand for your service?

- Yes No

16. Do you have any suggestions for the re-opening of business in Montserrat? (Please indicate which services you will need)

Thank you for completing this survey!

▶ **Contact**

[Name of EBMO]

Address

Email

Web page: