



STATEWIDE CULTURAL & CREATIVE ECONOMIC RECOVERY SURVEY

WELCOME

Many of you have participated in our sector-wide surveys to measure the impacts of the COVID-19 pandemic on the arts and culture sector.

Thank you for taking the time to provide information for these surveys. Your feedback has enabled us to design and fund relief programs, inform elected officials and advocates, and provide stories to the public about the devastating impacts you are experiencing.

While the data we have collected has been invaluable to our efforts to support the sector, we also know that providing this information is time consuming and burdensome. Moving forward, the organizations and agencies listed above will be working in a coordinated fashion to collect and share impact data for the cultural and creative industries.

The survey below represents our first joint effort to collect data around your recovery plans and efforts so we may continue to be responsive to your needs. The survey takes approximately 10 minutes to complete.

Your participation will help us begin to quantify the mid-term effects of COVID-19 on our statewide cultural and creative sectors and better plan how we can support you in your reopening efforts.

Thank you.

Your Privacy & Consent

We are collecting and will only use information from this survey in a manner consistent with the 4Culture [privacy policy](#). When you submit your information, you are agreeing to provide your answers and to allow us to use that information for the purposes of this study, to help us understand the impact of the current public health situation on you or your organization and to help us plan for the future.



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You will have an opportunity to take the survey again as a different type of respondent. (Example: You may take it as an organization representative this time and then again as a cultural worker sharing your individual experience.) A link is provided at the end of the survey to restart from the beginning.

1. I am completing this survey:

- ☐ On my own behalf as an individual cultural worker, volunteer and/or artist including freelancers and self-employed individuals.
- ☐ As a representative of a business.
- ☐ As a representative of a non-profit organization.
- ☐ As a representative of a government agency.



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Organization/Business/Agency Profile

2. What is the name of your organization or business?

3. Which discipline best describes your organization or business?

- | | |
|--|---|
| <input type="radio"/> Dance | <input type="radio"/> Presenter |
| <input type="radio"/> Heritage | <input type="radio"/> Community Services and Advocacy |
| <input type="radio"/> Historic Preservation | <input type="radio"/> Theatre |
| <input type="radio"/> Literary | <input type="radio"/> Visual |
| <input type="radio"/> Media – film and video | <input type="radio"/> Science and Nature |
| <input type="radio"/> Other media | <input type="radio"/> Arts other than above (please describe below) |
| <input type="radio"/> Music | <input type="radio"/> Humanities other than above (please describe below) |

If you selected an "Other" option, please clarify

4. What is your primary public venue type or delivery method?

- | | |
|--|---|
| <input type="radio"/> Indoor performance/presentation venue
(theatre, concerts, lectures, etc.) | <input type="radio"/> Education |
| <input type="radio"/> Movie theatre or cinematheque | <input type="radio"/> Online |
| <input type="radio"/> Gallery | <input type="radio"/> Other media |
| <input type="radio"/> Festival | <input type="radio"/> Other in-person presenter |
| <input type="radio"/> Outdoor venue (non-festival) | <input type="radio"/> Zoo or aquarium |
| <input type="radio"/> Museum | <input type="radio"/> Science or nature center |
| <input type="radio"/> Service or sector support | |

Other, please clarify

5. What is your primary venue location's 5-digit zip code. If you do not have primary venue, enter the zip code where your organization or business received mail.

6. What county is your primary venue located in? If you do not have a primary venue, mark the county where your organization or business receives mail.

- | | | |
|--------------------------------|------------------------------------|-----------------------------------|
| <input type="radio"/> Adams | <input type="radio"/> Grays Harbor | <input type="radio"/> Pierce |
| <input type="radio"/> Asotin | <input type="radio"/> Island | <input type="radio"/> San Juan |
| <input type="radio"/> Benton | <input type="radio"/> Jefferson | <input type="radio"/> Skagit |
| <input type="radio"/> Chelan | <input type="radio"/> King | <input type="radio"/> Skamania |
| <input type="radio"/> Clallam | <input type="radio"/> Kitsap | <input type="radio"/> Snohomish |
| <input type="radio"/> Clark | <input type="radio"/> Kittitas | <input type="radio"/> Spokane |
| <input type="radio"/> Columbia | <input type="radio"/> Klickitat | <input type="radio"/> Stevens |
| <input type="radio"/> Cowlitz | <input type="radio"/> Lewis | <input type="radio"/> Thurston |
| <input type="radio"/> Douglas | <input type="radio"/> Lincoln | <input type="radio"/> Wahkiakum |
| <input type="radio"/> Ferry | <input type="radio"/> Mason | <input type="radio"/> Walla Walla |
| <input type="radio"/> Franklin | <input type="radio"/> Okanogan | <input type="radio"/> Whatcom |
| <input type="radio"/> Garfield | <input type="radio"/> Pacific | <input type="radio"/> Whitman |
| <input type="radio"/> Grant | <input type="radio"/> Pend Oreille | <input type="radio"/> Yakima |

7. Please indicate your gross revenues in 2019 from the options below

- ☐ Less than \$50,000
- ☐ Between \$50,000 and \$249,000
- ☐ Between \$250,000 and \$499,000
- ☐ Between \$500,000 and \$999,000
- ☐ Between \$1 million and \$5 million
- ☐ Between \$5 million and \$10 million
- ☐ Between \$10 million and \$20 million
- ☐ More than \$20 million



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AT THIS POINT IN TIME:

8. Which of the following do you need funding for or assistance with in order to reopen for in-person programming and services? (select all that apply)

- ☐ Personal Protective Equipment
- ☐ Facility modifications (plexiglass barriers, signage, etc.)
- ☐ Space
- ☐ A toolkit or other technical assistance to comply with social distancing and reopening guidelines
- ☐ Staffing
- ☐ Other (please specify)



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9. Which of these is your most critical need to reopening for in-person programming and services? If only one answer is listed, please reselect it.

- ☐ Personal Protective Equipment
- ☐ Facility modifications (plexiglass barriers, signage, etc.)
- ☐ Space
- ☐ A toolkit or other technical assistance to comply with social distancing and reopening guidelines
- ☐ Staffing
- ☐ [Insert text from Other]

10. What does your organization/business need funding for or assistance with to provide programs and services remotely? (select all that apply)

- ☐ It doesn't make sense for us to provide our offerings online
- ☐ Equipment
- ☐ Technical assistance
- ☐ Online audience
- ☐ Marketing and promotion
- ☐ Staffing
- ☐ Other (please specify)



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11. Which of these is your most critical need for providing remote programming or services? If only one answer is shown, please reselect it.

- ☐ It doesn't make sense for us to provide our offerings online
- ☐ Equipment
- ☐ Technical assistance
- ☐ Online audience
- ☐ Marketing and promotion
- ☐ Staffing
- ☐ [Insert text from Other]



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12. The Governor has released a re-opening plan for Washington State called [Safe Start](#). Under which phase do you anticipate your organization/business reopen for in-person services/programming (check the earliest phase that applies)

- ☐ Phase 1: Essential businesses with no gatherings, with 6 feet between individuals
- ☐ Phase 2: Retail and professional services with gatherings limited to 5 people, with 6 feet between individuals
- ☐ Phase 3: Libraries, museums, and movie theatres (< 50% capacity) with groups limited to under 50 people, with 6 feet between individuals
- ☐ Phase 4: Open, with appropriate social distancing measures in place.
- ☐ After social distancing measures are no longer required
- ☐ Other (please specify)

13. How confident are you that your organization will have the systems and resources in place to open for in-person programming and services within the phase you indicated above?

Not confident at all	Slightly confident	Somewhat confident	Fairly confident	Extremely confident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What do you anticipate will be the most difficult aspects of reopening your organization/business?

- ☐ Facility alterations to comply with mandated social distancing requirements.
- ☐ Procuring masks and other PPE for staff, volunteers and patrons.
- ☐ Making our patrons feel safe enough to return.
- ☐ Training staff and volunteers.
- ☐ Establishing a sustainable business model to return to in-person services.
- ☐ Other (please specify)

15. What do you estimate for startup costs (above your usual operating costs) to reopen?

- ☐ \$0
- ☐ Under \$5k
- ☐ \$5,000 to \$10,000
- ☐ \$10,000 to \$25,000
- ☐ \$25,000 to \$50,000
- ☐ \$50,000 to \$100,000
- ☐ over \$100,000

16. What percentage of these startup costs can your organization/business currently meet?

- ☐ 0%; we can't afford any additional costs
- ☐ Less than 25%
- ☐ Between 25 and 50%
- ☐ Between 50% and 90%
- ☐ More than 90%

17. How many months of working capital do you have? That is, cash on hand to cover basic monthly expenses.

- ☐ Less than 1 month
- ☐ 1 month
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ Between 7 and 12 months
- ☐ More than 12 months

18. Are your primary program participants youth (children's theatre, youth camps, etc.)?

- ☐ Yes
- ☐ No

19. Are you a tribal-led and/or POC-led organization? Select "Yes" if your executive director or a majority of your board are tribal-affiliated or POC. Otherwise, select "No".

- ☐ Yes
- ☐ No
- ☐ Decline to state
- ☐ Other (please specify)

20. Are you a tribal-centered and/or POC-centered organization? Select "Yes" if your primary mission is to serve, or primary audience is, a tribal or POC community.

- ☐ Yes
- ☐ No
- ☐ Decline to state

If yes, what specific racial/ethnic/cultural community do you primarily serve?

21. Do you primarily serve a transgender community?

- ☐ Yes
- ☐ No
- ☐ Decline to state
- ☐ Other (please specify)

22. Do you primarily serve an audience with disabilities?

- ☐ Yes
- ☐ No
- ☐ Decline to state
- ☐ Other (please specify)