

Arts Council of Indianapolis COVID-19 Impact Survey for Arts Organizations

The Arts Council is collecting data about the known and anticipated impacts of COVID-19 on arts organizations and individual artists. The data provided will be used to help inform emergency relief efforts including funding, services, and support going forward. Please respond by Monday, March 16 at 5pm. Thank you!

Contact Information	
me	
ganization	
nail Address	
one Number	
less than 10	events do you plan to cancel/postpone over the next 1-3 months?
10-20	
20-30	

under 500	5,000-15,000
500-1,500	over 15,000
1,500-5,000	
Please use the box below to provide any ac	dditional comment.
5. If you plan to cancel/postpone, v	what is the anticipated loss in terms of net revenue?
under \$1,000	\$15,000-\$25,000
\$1,000-\$5,000	over \$25,000
\$5,000-\$15,000	
Please use the box below to provide any ac	dditional comment.
6. How many freelance artists or co	ontract employees did/does your organization anticipate supporting ove
6. How many freelance artists or connext 1-3 months?	ontract employees did/does your organization anticipate supporting ove
	ontract employees did/does your organization anticipate supporting ove
next 1-3 months?	
next 1-3 months?	50-100
next 1-3 months? less than 10 10-25 25-50	50-100 over 100
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next 1-3 months? less than 10 10-25 25-50 Please use the box below to provide any action of the companient of the co	over 100 dditional comment. urance or emergency funds to help cover the potential loss?
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next 1-3 months? less than 10 10-25 25-50 Please use the box below to provide any action of the companient of the co	over 100 dditional comment. urance or emergency funds to help cover the potential loss?

lease select all that apply. Retunds Exchanges Ticket Donations None of the above ease describe how your ticketing policies have been impacted by the coronavirus (COVID-19) outbreak. Does your organization have work from home and sick leave policies? Please select all that apply. Yes, we have a work from home policy. Yes, we have a sick leave policy. No, we do not have a work from home or sick leave policy. ease describe your work from home and sick leave policies below. D. Has your organization encouraged or mandated staff to work from home in response to the COVID-19 subtreak? Yes No ease use the box below to provide any additional comment.
Exchanges Ticket Donations None of the above ease describe how your ticketing policies have been impacted by the coronavirus (COVID-19) outbreak. Does your organization have work from home and sick leave policies? Please select all that apply. Yes, we have a work from home policy. Yes, we have a sick leave policy. No, we do not have a work from home or sick leave policy. ease describe your work from home and sick leave policies below. D. Has your organization encouraged or mandated staff to work from home in response to the COVID-19 outbreak? Yes No
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utbreak? Yes No
Yes No
No No
ease use the box below to provide any additional comment.

	r employees are ealth insurance p	covered through an emplo lan.	yer-	No, only some of our employees are covered through an employer-sponsored health insurance plan.
	jority of our empl onsored health in	oyees are covered throug surance plan.	n an	No, none of our employees are covered through an emplo sponsored health insurance plan.
	FT employees arealth insurance p	e covered through an emplan.	loyer-	
Please use this bo	x below to provio	de any additional commen		
Yes	anization exp	eriencing any change	s from s	oonsors or other supporters?
No If yes, please des	cribe those chan	ges below.		
13. Does your operations?	organization a	anticipate needing en	ergency	relief in the next 1-3 months to continue
_	organization a	anticipate needing en	ergency	relief in the next 1-3 months to continue
operations?	organization a	anticipate needing en	ergency	relief in the next 1-3 months to continue
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operations? Yes No Please use the book If yes, how much?	x below to provic	le any additional comment		relief in the next 1-3 months to continue

Yes	
No	
Please use the box below to provide any ad	ditional comment.
16. If yes, please provide an estima	te of those additional expenses?
under \$500	\$3,000-\$5,000
\$500-\$1,000	over \$5,000
\$1,000-\$3,000	
	Little and a second
Please use the box below to provide any ad	ditional comment.
Is there anything else you would lik	ce for us to know?
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