Venture Forward Chicago W1



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Section

Intro, S1, Term1, S2, Q2, Q2a, Q2b, Q2c, Q2d, Q2e, Q2f, Q2g, Q2h, Q3, Q3a, Q4, Q5, Q6, Q7, Q8, Q9, Q10, Q10a, Q10b, Q11, Q12, Q13, Q14, B1, B2, B3, B4, B5, B6, B7, B8a, B8b, B9, B10, B11, B11b, B11c, B12, B13

Page

Intro

The purpose of this survey is to assist the City of Chicago in targeting support services for local businesses to prepare the city for a potentially difficult economic future in the face of COVID-19 effects and reduced activity due to winter weather. The intended audience is owners/co-owners and/or key decision-makers of Chicago-area businesses. A primary goal is to identify potential gaps in access to technology such as website builders and online payment methods, as well as gaps in knowledge of and familiarity with ecommerce. Ultimately this survey will be used to micro-target city efforts to support the local economy and assess the extent to which businesses in Chicago are prepared to overcome potential near-term challenges.

All responses are confidential and no identifying information will be attached to your responses. We expect the survey to take approximately 10-15 minutes to complete.

We understand that this is a difficult time for everyone, and we really appreciate your time to help inform important policy decisions. To thank you for your response, after completing the survey you will be given an e-gift card to Amazon. The **first 200 people** to complete the survey will receive a gift card for \$20 and the **next 600** will receive one for \$10.

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S1

Are you the owner, or one of the owners, of this business?

- O 1 Yes, I am an owner / co-owner
- O 2 No, but I am a key decision maker (manager, etc.)
- O 3 No, I am not an owner or decision maker in this business

Term1 Show if NotBusinessOwnerOrDecisionMaker

Thanks. Those are all the questions that we have for you. The rest of our questions for this survey are limited to business owners and managers.

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Zip code of your business headquarters:

Page

Q2

What online presence does your business have?

Select all that apply

- ☐ 2 A social media page (Facebook, Instagram, Google, etc.)
- ☐ 3 A page on a third-party app (Taskrabbit, Grubhub, DoorDash, Angie's list, Amazon, eBay, etc.)
- Other online platform
- ☐ 5 None my business does not have any online presence (Exclusive)

Q2a Show if Q2 NoWebsite

If you don't have a business website, what is the **primary** reason?

- O₁ Too costly *
- O 2 Not enough time to deal with it *
- O₃ Too difficult to create *
- O 4 Too difficult to maintain *
- O 5 I use another platform such as social media *
- O 6 Not necessary for my business *
- O 7 Cost of hardware/technology *
- O 8 I don't do any business online *
- O $_9$ I use a third-party website / app to sell goods/services online (e.g. GrubHub, Doordash, Taskrabbit, Angie's List, Amazon, eBay, etc.) *
- O 10 Other (specify): ______

Levels marked with * are randomized

Q2b Show if Q2 NoOnlinePresence

What is the **primary** reason you don't sell your goods or services online?

- O 1 I don't have products or service I can sell online *
- O 2 Don't know how/not comfortable *
- O 3 Don't have a back office/ space to handle fulfillment *
- O 4 Too expensive *
- O₅ I don't have a website *

O 6 O 7 O 8 Levels m	I use a distributor to sell my products online * I don't have the time / staff to manage selling online * Other (specify):
Q2c	Show if Q2 Website
How of	ften is your business' website updated/maintained?
O_1	Very often
O_2	Somewhat often
O 3	Rarely
O 4	Never
- 9	Don't know/not sure
Q2d	Show if Q2 Website
-	pdates and manages your website?
O 1	A hired agency or specialist
O ₂	I/another owner/manager do
O ₃	An employee/intern
O 4	Friends/family/volunteers help
O 5	Other (specify):
Q2e	Show if Q2 Website
-	
	re the biggest challenges you face with your website? Il that apply
	Time it takes to make updates *
	Cost of maintaining the site *
	Cost of hardware/technology *
□ ₄	Finding a reliable professional to manage the website *
□ ₅	Security issues *
☐ 6	Keeping up with and protecting name/brand from growing list of domains (e.g., .net, .app, .biz, .us) *
 7	Response time from external Web maintenance company *
□ 8	Complying with data collection/privacy rules and laws *
_ °	Confused/not sure how to update it *
	Other (specify):
	narked with * are randomized

Q2f Show if Q2 Website

What difference in revenue, if any, does having a website make for your business or organization during COVID-19?

- O₁ No change
- O ₂ Increase by <10%
- \bigcirc 3 Increase by 10%-25%

O_4	Increase by 25%-50%
O 5	Increase by 50%-75%
O 6	Increase by 75%+
O 7	Not sure
024	Chausif O2 Online Duccon a Oth out the walk haite
Q2g	Show if Q2 OnlinePresenceOtherThanWebsite
How w	rould your revenue be impacted if you did not have an online presence for your business?
Consid	er the value of this online presence in terms of advertising/marketing your business or selling
directly	y online. Please provide your best guess.
O_1	No change
O 2	Decline by <10%
O 3	Decline by 10%-25%
O_4	Decline by 25%-50%
O 5	Decline by 50%-75%
O 6	Decline by 75%+
O 7	Not sure
Q2h	Show if Q2 NoWebsite
How w	rould your revenue be impacted if you did have a website, if you had to estimate?
Consid	er the value of this website in terms of advertising/marketing your business or selling directly
	Please provide your best guess.
O_1	No change
O 2	Increase by <10%
O 3	Increase by 10%-25%
O 4	Increase by 25%-50%
O 5	Increase by 50%-75%
O 6	Increase by 75%+
O 7	Not sure
Page	
Q3	
-	ng about the business or organization, where do you conduct business or services?
O ₁	Only online
	Only in a physical location
O ₂ O ₃	Both online and in a physical location
○ 3	Don't ominic and in a physical location
Q3a	
_	o you see where you conduct business or services changing in the next six months?
	More online
O 1	
O_2	More in a physical location

O 3	No change Unsure
online	use any of these social media platforms for selling your products/services directly to customers or marketing/advertising your business? **Ill that apply** Facebook** Instagram** Pinterest** Snapchat** Twitter** Yelp** Google My Business* Other (specify): Not sure** **(Exclusive)** None of the above** (Exclusive)
	accept any of the following online payment methods? **The state of the following online payment methods?** **PayPal
Q6 Which	of the following devices do you use most frequently for your business? Rank top 3. Smart phone/cell phone Laptop computer Desktop computer Land-line phone Tablet Fax machine Smartboard Other (specify):
Q7 Which	of the following devices would you like to use more to help your business grow? Rank top 3. Smart phone/cell phone Laptop computer Desktop computer

	Land-line phone
	Tablet Fay machine
	Fax machine Smartboard
	Other (specify):
Q8	
What k	tind of internet connectivity does your business have?
O 1	Broadband/Cable
O 2	DSL
O 3	Mobile only
O 4	Dial Up
O 5	Satellite
O 6	ISDN
O 7	T1 Line
O 8	T3 Line
O 9	Fiber Optic
O 10	Other (specify):
O 11	Not Sure
O 12	None
Q9	
•	leving statements are about the value of a website and online presence for your business
The for	lowing statements are about the value of a website and online presence for your business.
Please	select each of the statements that you agree with, specifically about your own business.
Ticase	believe each of the statements that you agree with, specifically about your own submessi
A webs	site/online presence:
	Is not valuable to our business (Exclusive)
\Box 2	Is critical for revenue generation and sales
\Box 3	Has helped business growth
	Is part of our future growth/expansion plans
□ ₅	Is necessary to maintain our current business levels
	Helps this business keep up with the competition
□ ₇	Is key to our marketing/branding efforts
□ ₈	I am not sure what value a website or online presence can bring to this business (Exclusive)
Q10	
_	
	u aware of government-sponsored services and programs in your area that help businesses get
	or use the internet to market and expand?
O ₁	Yes, and I've used them
O 2	Yes, I've heard about them but have not used them
O 3	No, but I'm interested to learn more
O_4	No, have not heard about them and am not interested in learning more

Of the services and programs in your area to help businesses get online, has anything preventusing them or made them more difficult to access?	ed you from
Use this space to describe barriers/obstacles.	
□ . ₉ No comment	
Q10b	
Of the services and programs in your area to help businesses get online, what would you like t included or added?	o see
□ .9 No comment	
Q11	
How well would you say you understand the reopening guidelines/Chicago Department of Pul	blic Health
(CDPH) guidance as it pertains to the ongoing COVID-19 pandemic? O 1 Very well	
O 2 Somewhat well	
O ₃ Average	
O 4 Below average	
O ₅ Not at all	
Q12	
How well prepared is your business in terms of keeping employees and customers safe and he	ealthy during
the COVID-19 pandemic?	
O ₁ Very well	
O ₂ Somewhat well	
O ₃ Average	
O 4 Below average	

Q10a

Not at all

O 5

Page

Q13

Now we would like to understand what other resources would help you grow your business.

Select all 1 2 3 4 5 6 7 8	ext 6 months, do you think this business will need to do any of the following? that apply Obtain financial assistance or additional capital * Identify new supply chain options * Develop online sales or websites * Increase marketing or sales * Learn how to better provide for the safety of customers and employees * Identify and hire new employees * Permanently close this business * None of the above (Exclusive) arked with * are randomized
Q14	
What ar	re the three most important resources you would need to grow right now? Rank top 3.
	Affordable space/subsidized rent
	Access to capital
	Marketing of businesses to local residents
	Affordable options for health insurance and other benefits
	A skilled workforce in the community Customized workforce training at businesses
	Technical assistance for business development (e.g. getting more customers / vendors,
	developing an online presence, etc.)
	Assistance with digital strategies (e.g. marketing online, developing online
	operations/infrastructure to sell online)
	Opportunities to network with other business owners
	Expedited licensing/permits Expertise on health / safety protocols
	Tax incentives
	Other (specify):
	None of the above (Exclusive)
Page	
B1	
Which g	geographic area(s) does your business serve?
Select all	that apply
\square 1	My neighborhood
	City of Chicago
\square 3	State of Illinois
□ 4	United States
\square 5	International

Which of the following best describes the main industry sector your organization operates in? O $_{\rm 1}$ Aerospace
O ₂ Agriculture
O ₃ Automotive
O 4 Chemicals
O 5 Construction and Trade
O 6 Education
O 7 Energy and Utilities
O ₈ Engineering
O 9 Entertainment and Arts
O 10 Financial Services
O 11 Food and Drink
O 12 Government and Public Sector
O ₁₃ Healthcare
O ₁₄ Hospitality
O 15 IT / Technology
O 16 Manufacturing and Industrial
O ₁₇ Media and Advertising
O 18 Nonprofit/charity
O 19 Oil and Gas
O 20 Personal care/personal services
O 21 Paper, Print and Packaging
O 22 Professional Services and Business Services
O 23 Retail and Consumer
O 24 Telecommunications
O 25 Transport and Logistics
O ₂₆ Other (specify):
В3
Which year did your business begin operating?
Minimum: 1800, Maximum: 2020
B4
In total, how many employees are there working at your organization?
Please include full-time, part-time, temp-workers, contractors, and paid interns who are working more than 0 hour.
paid time. Do not include furloughed employees/anyone temporarily assigned 0 hours.
O ₁ 1 (just myself)
$O_2 \qquad 2-10$
O ₃ 11-25
O ₄ 26-50

51-100

101-500

O 5

O 6

\sim	More than	ちへん
.) 7	MOLE Man	いいい

B5

For many, the Coronavirus outbreak (COVID-19) has had a profound impact. Which of the following ways has it affected your venture?

Select all that apply

001000 011	- viii vippiy
 1	It forced me to shut down my business or organization permanently
\square 2	It forced me to shut down my business or organization temporarily
\square 3	It forced me to shift activity I usually conduct offline to an online mode
 4	It made me expand what I was already doing online
□ 5	It forced me to lay off or furlough some or all of my employees
\square 6	It led to a reduction in my business revenues
 7	It led to an increase in my business revenues
□ 8	Other (specify):
 9	It has not affected my business or organization (Exclusive)
□ 10	Not sure (Exclusive)

B6

How would you rate the overall health of your business:

- O₁ Very Good
- O₂ Good
- O₃ Neither good nor bad
- O₄ Bad
- O 5 Very Bad

B7

Given the resources, cash, and lines of credit you have access to today, and other resources you expect to access within the next 3 months (from private, government, or other sources), until which date do you think you can maintain this business under the current COVID-19 related disruptions before you would decide to close it permanently?

- O₁ December 15th
- O₂ January 1st
- O₃ January 15th
- O 4 February 1st
- O 5 February 15th
- O 6 March 1st
- O 7 March 15th
- O₈ April 1st
- O₉ April 15th
- O 10 May 1st
- O 11 May 15th
- O ₁₂ 6 months or more
- O 13 Indefinitely
- O_{14} N/A business not impacted by COVID-19

B8a What is O 1 O 2 O 3 O 4	your overall expectation for Chicago's economy over the next 6 months? More positive More negative No change Not sure
B8b	
What is	your overall expectation for your business over the next 3 months?
O 1	More positive
O 2	More negative
O 3	No change
O 4	Not sure
В9	
	upcoming year, do you plan to increase cash investment, invest about as much in the business as
	last year, or reduce cash investment?
O ₁	Increase cash investment
O ₂	About same as last year
O ₃	Reduce cash investment
J 3	Reduce cash myestment
D40	
B10	
-	vere going to tell your local government how they can help businesses like yours to be successful,
what th	ree things should they consider? Rank top 3.
	Affordable space/subsidized rent *
	Access to capital *
	Marketing of businesses to local residents *
	Affordable options for health insurance and other benefits * A skilled workforce in the community *
	Customized workforce training at businesses *
	Technical assistance for business development (e.g. getting more customers/vendors,
	developing an online presence, etc.) *
	Assistance with digital strategies (e.g. marketing online, developing online
	operations/infrastructure to sell online) *
	Opportunities to network with other business owners *
	Expedited licensing/permits *
	Expertise on healthy/safety protocols * Tax incentives *
	Other (specify):
	None of the above (Exclusive)
	Not sure (Exclusive)
Levels m	arked with * are randomized

B11

	arch 2020, has your business applied for financial assistance from any of these programs from the
	government?
	l that apply Paycheck Protection Program (PPP)
	Economic Injury Disaster Loans (EIDL)
□ ₂	SBA Loan Forgiveness
□ ₃	Main Street Lending Program
☐ 4	Deferral of Federal Employment Tax Deposits and Payments
□ ₅	Federal Sick and Family Leave Tax Credits
□ ₆	Federal Employee Retention Tax Credit
□ ₇	Other Federal programs (specify):
□ 8□ 9	This business has not received financial assistance from any Federal program since March 13,
	2020 (Exclusive)
B11b	Show if B11 AppliedforPPP
Did you (PPP)?	r business or organization receive government assistance from the Paycheck Protection Program
O 1	Yes, we received assistance
O 2	No, we did not
O 3	Not sure
B11c	Show if B11b Yes
How he	lpful was the Paycheck Protection Program (PPP) assistance for your business?
O 1	Very helpful
O 2	Somewhat helpful
O 3	Not very helpful
O 4	Don't know/not sure
B12	
Since M	arch 13, 2020, has your business received financial assistance from any of these programs from the
City of 0	Chicago?
Select all	l that apply
	Together Now Fund
□ 2	Chicago Small Business Resiliency Fund
□ 3	Microbusiness Recovery Grant Program
□ 4	Other City of Chicago financial assistance program (specify):
□ 5	We have not received any financial assistance (Exclusive)

B13

When this business was started what was the **primary** source of start-up capital, if any was needed?

O 1 Loan from bank/credit union

Loan from friends and/or family Equity investors Debt investors Online start-up campaign (e.g. Kickstarter, etc.) Other (specify): No start-up capital was needed Don't know/not sure		
Section D1, D2, D3, D4, D5, D6, D7, D8		
Page		
D1 We are interested in knowing more about our customers.		
Which of the following describes this business? Select all that apply \[\begin{align*} \text{ Woman-Owned *} \\ \begin{align*} \text{ 2 Minority-Owned *} \\ \begin{align*}		
In what year were you born? Minimum: 1920, Maximum: 2020		
Please tell us whether you are: O 1 Male O 2 Female O 3 Other O -8 Prefer not to answer		
D4 Are you of Hispanic origin or descent, such as Mexican, Puerto Rican, Cuban, or some other Spanish background? O 1 Yes		

O 2	No Prefer not to answer	
D5		
What is your race?		
O 1	White	
O 2	Black or African American	
O 3	Asian or Pacific Islander	
O 4	American Indian or Alaska Native	
O 5	Other or multi-racial	
□ -8	Prefer not to answer	
D6		
	up have in the United States as in enother gounts.	
-	ou born in the United States or in another country? United States	
O ₁	Another country	
□ ₋₈	Prefer not to answer	
⊸ -8		
D7		
What is the last year of school or degree that you completed?		
O 1	Less than high school	
O 2	High school graduate (Grade 12 or GED certificate)	
O 3	Technical, trade, or vocational school AFTER high school	
O 4	Some college, no 4-year degree (including Associate's Degree)	
O 5	College graduate (B.S., B.A., or other 4-year degree)	
O 6	Graduate degree (Master's Degree or Ph.D.; law or medical school)	
-8	Prefer not to answer	
D8		
Have you ever served in any branch of the Armed Forces, including the Coast Guard, National Guard, or a		
Reserve for any branch of service?		
O 1	Yes	
O 2	No	
☐ ₋₈	Prefer not to answer	



Page

Incent

These are all the questions that we have. In order to send you the e-gift card (\$20 for the first 200 or \$10 for the next 600 people), please provide your email address below.

The **first 200 people** to complete the survey will receive a gift card for \$20 and the **next 600** will receive one for \$10. You should expect to receive this within 2-3 weeks of completing this survey.

☐ 18 I don't want to provide my email address. I understand that I will not be sent an e-gift card.

Section

E1

Page

E1

Thank you! Those are all the questions that we have. We appreciate your time today.

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