Federal Impact Reporting Form for Vermont Organizations

Switch account

Not shared

* Indicates required question

Funding Impacts

In this section, we ask about your federal funding. <u>Please complete the following questions</u> for each of your federal funding streams, one at a time. You will have the option to add additional funding streams at the end of this section. If you do not have federal funding but are reporting other impacts from federal actions, select "no" for the last question in this section to advance.

 \odot

Federal Granting Agency

Your answer

Grant Program

Your answer

Grant Amount

Your answer

| If these funds are passed through the State or another entity, please identify the | е |
|--|---|
| entity: | |

Your answer

Are these funds for:

Special Project (for example, one time funding, capital campaign, etc.)

Core Services/Programs (for example, general operating funds or ongoing programming)

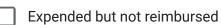
) Unsure

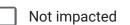
Other:

What is the current status of this funding stream? Check all that apply.

| Cancelled | \square | Cancelled |
|-----------|-----------|-----------|
|-----------|-----------|-----------|

Paused/In Review





] Unsure

Other:

How much funding has been cut off?

Your answer

| How much funding has already been expended but not yet reimbursed? |
|---|
| Your answer |
| Additional information: Your answer |
| Do you have additional federal funding streams to report on? * Yes No |
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Impacts

Have executive orders or federal actions impacted your organization beyond funding cuts (ex: planning, staffing, programming)? Please describe below:

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Your answer

Have executive orders or federal actions had secondary impacts and/or impacted the communities you serve? Please describe below:

Your answer

What strategies or actions has your organization taken to address funding and other impacts?

Your answer

| How have federal actions or funding cuts impacted your workforce? | | | | |
|---|------------|--|--|--|
| Layoffs | | | | |
| Expected layoffs | | | | |
| Hiring freeze | | | | |
| No impact | | | | |
| Other: | | | | |
| | | | | |
| If you've had layoffs, how many FTEs and which positions? Your answer | | | | |
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* Indicates required question

How can we use this information?

Data collected through this survey will be held by Common Good Vermont and partnering hub organizations. Please let us know how we have permission to use this information.

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Do we have permission to share your stories with our Congressional Delegation, * state leaders, and other partners?

Yes, and you may include my organization's name.

- Yes, anonymously.
-) No, please do not share.

Do we have permission to share your story publicly? *

- Yes, and you may include my organization's name.
- Yes, anonymously.
- No, please do not share.

| May we contact you for follow-up questions or media opportunities? * | |
|--|--|
| ◯ Yes | |
| O No | |
| | |
| Back Submit Clear form | |

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