

NYVOAD Capacity Survey

Created by the NYCVOAD Board of Directors. Formatted for NYVOAD members

* Required

Contact Information

1.

Organization Name *

2.

Is this a registered IRS Code 501(c) 3 non-profit or another non-profit organization?

Mark only one oval.

☐

Our organization is a 501 (c) 3

☐

Our organization is not a 501(c) 3

☐

No

☐

Unsure

3.

How long has your organization been involved in VOAD?

4.

Headquarters Address *

Primary Point of Contact

5.

Name *

6. **Email Address ***

7. **Phone Number ***

Secondary Point of Contact

8. **Email Address**

9. **Phone Number**

VOAD Membership

10. **Is your organization a member of National VOAD (NVOAD)?**
Check all that apply.

☐ Yes

☐ No

Other Membership

11.

Is your organization a member of any county COADs?

Check all that apply.

- ☐ No
- ☐ Adirondack COAD (ADKCOAD)
- ☐ Broome County COAD (BCCOAD)
- ☐ Capital Region Organizations Active in Disaster (CROAD)
- ☐ Herkimer-Oneida Organizations Active in Disaster (HOOAD)
- ☐ Long Island COAD (LICOAD)
- ☐ New York City COAD (NYCCOAD)
- ☐ Orange County LTRG
- ☐ Putnam County LTRG
- ☐ Recovery and Resiliency Coalition of Dutchess (RRCD)
- ☐ Rochester COAD (RRCOAD)
- ☐ Rockland County COAD
- ☐ Southern Tier/Finger Lakes COAD
- ☐ St. Lawrence County COAD
- ☐ Tioga County COAD
- ☐ Ulster County DRRC
- ☐ Western NY COAD (WNY COAD)
- ☐ Westchester LTRG
- ☐ Other: _____

General Operations

12.

Does your organization have funding for disaster operations?

Mark only one oval.

- ☐ Yes
- ☐ No

13.

Does your organization have funding for short term recovery?

Mark only one oval.

- ☐ Yes
- ☐ No

14.

What is the geographic reach of your organization?

Check all that apply.

- ☐ County
- ☐ Multiple Counties
- ☐ New York State
- ☐ National
- ☐ International
- ☐ Other: _____

15.

What response/recovery services could your organization provide?

Check all that apply.

- ☐ Animal Care
- ☐ Debris Removal
- ☐ Disaster Case Management
- ☐ Donations Management
- ☐ Employment Services
- ☐ Emotional and Spiritual Care
- ☐ Feeding
- ☐ Financial Assistance
- ☐ Housing
- ☐ Legal Aid
- ☐ Mold Remediation
- ☐ Muck and Gut
- ☐ Rebuild/Repair
- ☐ Risk Communication
- ☐ Volunteer Management
- ☐ Other

16. **In disaster response, how much lead time would your organization need to become operational?**

Mark only one oval.

- ☐ Less than 4 hours
- ☐ 5-11 hours
- ☐ 12-24 hours
- ☐ 25-47 hours
- ☐ 48+ hours

17. **What phase/s of the disaster cycle does your organization best operate within?**

Check all that apply.

- ☐ Preparedness/Mitigation
- ☐ Response/Relief
- ☐ Recovery

18. **How long has your organization been providing disaster response/recovery services in NY State?**

Mark only one oval.

- ☐ Less than a year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11+ Years

General Personnel

19. **How many permanent employees does your organization currently have?**

Mark only one oval.

- ☐ 1-5
- ☐ 6-10
- ☐ 11-20
- ☐ 21-50
- ☐ 51+

20. **How many volunteers can be activated within 24 hours?**

21.

How many volunteers can be activated within 48 hours?

22.

How long can your organization sustain the deployed volunteers for?

Mark only one oval.

☐

A day

☐

A Week

☐

Multiple Weeks

☐

A Month

☐

Multiple Months

☐

Other:

General Supplies and Equipment

23.

Does your organization maintain an emergency stockpile of food/non-food items for distribution?

Mark only one oval.

☐

Yes

k p t o e t o n .

☐

No

k p t o e t o n .

General Supplies and Equipment

24.

Does your organization have any of the following resources?

Check all that apply.

☐

Food

☐

Water

☐

Clean-up kits

☐

Clothing

☐

Blankets

☐

Chainsaws

☐

Rebuild Supplies and Equipment

☐

Heavy Machinery

☐

Other:

General Supplies and Equipment

25.

Where does your organization maintain its stockpile? Please provide just the town and zipcode.

Vehicles

26.

Does your organization have vehicles that can be used in an emergency?

Mark only one oval.

☐ Yes *k p t o e t o n .*

☐ No *k p t o e t o n .*

Vehicles

27.

How many vehicles does your organization have?

Mark only one oval.

☐ 1-2

☐ 3-5

☐ 6-15

☐ 16+

28.

What types of vehicles are part of your fleet?

Check all that apply.

☐ Bo Trucks

☐ High Water Vehicles

☐ Pick-up Trucks

☐ Refrigerated Trucks

☐ Vans

☐ Other: _____

Facilities

29.

Does your organization own/maintain facilities that could be utilized for response/recovery operations?

Mark only one oval.

☐ Yes

☐ No

Facilities

30.

How many facilities could be used in this way?

Mark only one oval.

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10

☐ More than 10

31.

What counties are these facilities located in?

32.

What type of facilities does your organization own/maintain?

Mark only one oval.

☐ Community Center

☐ Housing

☐ Office

☐ Warehouse

☐ Other:

33. **How many of these facilities are ADA compliant?**

Mark only one oval.

- ☐ None
☐ Some
☐ All

34. **How many of these facilities have multi-purpose space for disaster operations (e.g. gym, multi-purpose rooms, etc.)?**

Mark only one oval.

- ☐ None
☐ Some
☐ All

Animal Care

35. **Does your organization provide animal care assistance in emergencies?**

Mark only one oval.

- ☐ Yes *k p to e t on .*
☐ No *k p to e t on .*

Animal Care

36. **Would your organization be able to donate any of the below products during disaster response/recovery operations?**

Check all that apply.

- ☐ Dog Food
☐ Cat Food
☐ Other Animal Food
☐ Cat Litter
☐ Disposable Litter Boxes
☐ Plastic Animal Cages
☐ Wire Animal Cages
☐ Cardboard Carriers
☐ Other: _____

37.

Would your organization have the capacity to evacuate animals during time of a disaster?

Mark only one oval.

☐ Yes

☐ No

38.

Does your organization have the capacity to shelter animals in a disaster?

Mark only one oval.

☐ Yes

☐ No

Animal Care

39.

If yes, how many and what species?

Animal Care

40.

Does your organization have access to vehicles that could be used to transport animals during disaster operations?

Mark only one oval.

☐ Yes

☐ No

41.

Would your organization be able to provide staff/volunteers during disaster operations in any of the following categories?

Check all that apply.

☐ Daily Care

☐ Field Rescue

☐ Vet Techs

☐ Veterinarians

☐ Other:

42.

Does your organization have additional capacity/clarifying information regarding animal care that has not been addressed in the above questions?

Disaster Case Management

43.

Does your organization provide disaster case management or case work?

Mark only one oval.

- ☐ Yes *k p t o e t o n .*
- ☐ No *k p t o e t o n .*

Disaster Case Management

44.

Does your organization currently provide general case management services?

Mark only one oval.

- ☐ Yes
- ☐ No *k p t o e t o n .*

Disaster Case Management

45.

If yes, in what geographical area do you provide these services?

Disaster Case Management

46.

Does your organization currently have staff capacity to provide disaster case management?

Mark only one oval.

☐ Yes

☐ No

Disaster Case Management

47.

Does your organization currently provide any services that could be a support to clients and/or staff of other organizations involved in disaster case management?

Check all that apply.

☐ Budget Counseling

☐ Financial Assistance

☐ Legal Aid

☐ Mental Health Counseling

☐ Training

☐ Other: _____

48.

Does your organization specialize serving any cultural, linguistic, or Disability, Access, and Functional Needs (DAFN) populations?

Mark only one oval.

☐ Yes *k p t o e t o n .*

☐ No *k p t o e t o n .*

Disaster Case Management

49.

Please specify what cultural, linguistic, or DAFN populations your organization specializes serving.

Donations Management

50. **Does your organization provide donations management services?**
Mark only one oval.

☐ Yes *k p t o e t o n .*
☐ No *k p t o e t o n .*

Donations Management

51. **Does your organization operate a warehouse?**
Mark only one oval.

☐ Yes
☐ No

52. **In which zip codes are your warehouses located?**

53. **Does your organization's warehouse(s) have loading docks?**
Mark only one oval.

☐ Yes
☐ No

54. **Does your organization own warehouse equipment that could potentially be loaned/donated to another NYVOAD member during a disaster (eg. forklift, hand jack, stretch wrap, etc.)?**
Mark only one oval.

☐ Yes
☐ No

55. **Can your agency support warehouse operations (e.g forklift teams, volunteers, etc.)?**
Mark only one oval.

☐ Yes
☐ No

56.

Does your organization have licensed warehouse workers?

Mark only one oval.

☐ Yes

☐ No

57.

Does your organization have an existing infrastructure for sorting and handling donated material goods?

Mark only one oval.

☐ Yes

☐ No

Employment Services

58.

Does your organizations provide Employment Services in emergencies?

Mark only one oval.

☐ Yes *k p t o e t o n .*

☐ No *k p t o e t o n .*

Employment Services

59.

What employment services do you provide?

Check all that apply.

☐ Ceritfication

☐ ESL

☐ ob Counseling

☐ ob Placement

☐ ob Training

☐ Mock Interviews

☐ Interview Clothing

☐ Other: _____

Emotional & Spiritual Care

60.

Does your organization provide emotional & spiritual care?

Mark only one oval.

☐ Yes *k p t o e t o n .*

☐ No *k p t o e t o n .*

Emotional & Spiritual Care

61.

What county/ies would your organization be able to deploy personnel to?

62.

Do you have the capacity to respond and/or deploy personnel in the event of a disaster/emergency?

Mark only one oval.

☐ Yes

☐ No

63.

Does your organization provide professional mental health (behavioral) support, spiritual guidance, or both?

Check all that apply.

☐ Mental Health Support

☐ Spiritual Guidance

64.

In what languages can your staff/volunteers provide services?

65.

What types of services do you provide other than onsite or in person (e.g remote support, online services, helpline, etc.)

66.

If your organization provide professional spiritual guidance, are your personnel graduates of an accredited seminary with the endorsement of your denomination?

Mark only one oval.

- ☐ Yes
- ☐ No

Emotional and Spiritual Care

67.

What other training have your personnel received?

Emotional and Spiritual Care

68.

If your organization provides emotional care, are your staff/volunteers certified, licensed, and/or trained in disaster behavioral/mental response?

Mark only one oval.

- ☐ Yes
- ☐ No

Emotional and Spiritual Care

69.

What other training have your staff/volunteers received?

Emotional and Spiritual Care

70.

Do you provide services to all age groups?

Mark only one oval.

☐ Yes

☐ No

71.

Does your organization have additional capacity/clarifying information emotional & spiritual care that has not been addressed in the above questions?

Feeding

Acquiring Make Food Transport Food or Distribute

72.

Does your organization provide/support feeding in emergencies?

Mark only one oval.

☐ Yes *k p to e t o n .*

☐ No *k p to e t o n .*

Feeding

73.

Does your organization currently provide congregate feeding (eg. soup kitchen)?

Mark only one oval.

☐ Yes

☐ No

Feeding

74.

Does your organization currently provide emergency food distribution (eg. food pantry)?

Mark only one oval.

☐ Yes

☐ No

Feeding

75.

How many meals per day can your organization produce/provide?

Mark only one oval.

☐ 1-100

☐ 101-1000

☐ 1001 - 5000

☐ 5000+

Feeding

76.

Does your organization provide mobile feeding or food distribution (eg. meal delivery)?

Mark only one oval.

☐ Yes

☐ No

Feeding

77.

How many total operational mobile feeding vehicles does your organization maintain?

Mark only one oval.

☐ 1-2

☐ 3-10

☐ 11-20

☐ 21+

78.

Does your organization have the ability to produce any of the following specialized dietary needs in your feeding operations?

Check all that apply.

- ☐ Common allergen free (eg. peanuts milk etc.)
- ☐ Gluten Free
- ☐ Halal
- ☐ Kosher
- ☐ Vegetarian
- ☐ Vegan
- ☐ Other: _____

Legal Aid

79.

Housing/financial counseling and legal services can be very important after a disaster. If your organization provides these types of services, please indicate your specific areas of specialty. Mark all that apply. If your organization doesn't provide any services like these, please mark "N/A."

Check all that apply.

- ☐ N/A
- ☐ Bankruptcy Legal Services
- ☐ Consumer Legal Services
- ☐ Disability Rights Legal Services
- ☐ Employment Legal Services
- ☐ Financial Counseling
- ☐ Foreclosure Prevention Legal Services
- ☐ Government Benefits Legal Services
- ☐ Immigration Legal Services
- ☐ Insurance Counseling
- ☐ Insurance Legal Services
- ☐ Landlord/Tenant Legal Services
- ☐ Matrimonial and Family Law Legal Services
- ☐ Taxpayer Assistance
- ☐ Trusts and Estates Legal Services
- ☐ Other: _____

Volunteer Management

80.

Does your organization provide volunteers or volunteer management in emergencies?

Mark only one oval.

- ☐ Yes *k p t o e t o n .*
- ☐ No *k p t o e t o n .*

Volunteer Management

81.

How many volunteers does your organization have access to?

Mark only one oval.

- ☐ 1-50
- ☐ 51-100
- ☐ 101-250
- ☐ 251-500
- ☐ 501-1000
- ☐ 1 000 +

82.

What types of volunteers does your organization have access to?

Check all that apply.

- ☐ Professionally Credentialed
- ☐ Skilled
- ☐ Unskilled
- ☐ Other: _____

83.

Do your volunteers go through a background check?

Mark only one oval.

- ☐ Yes
- ☐ No
- ☐ Some

84.

Will your organization engage Spontaneous Unaffiliated Volunteers?

Mark only one oval.

- ☐ Yes
- ☐ No

Acknowledgement

85.

I acknowledge that my responses will be shared with other NYVOAD members, COADs, and its government partners

Check all that apply.

☐ Yes

☐ No

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