

**FROM:** Carver Federal Savings Bank  
**DATE:**  
**RE:** Carver Community Impact Survey

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Thank you for being a Carver customer!

Attached you will find Carver's Community Impact Survey. The survey is being incorporated into Carver operations in order to help us better understand our customers and impacts in the communities that we serve.

Please take the time to complete the survey. For any sections and/or questions that do not apply to your business, please put "Not Applicable" or N/A. And, if you have any questions, please feel free to reach out.

Please note that the surveys are due to us by

Thank you. And, we look forward to receiving your responses.

**Carver Bank Community Impact Survey**  
Survey Due Date:

Business: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date Survey Completed: \_\_\_\_\_

**Part I – Executive Information**

Your company's primary owner, President / CEO, or managing partner is:

Male \_\_\_ Female \_\_\_

White \_\_\_ African-American \_\_\_ Latino \_\_\_  
Asian \_\_\_ Native American \_\_\_ Other \_\_\_

**Part II - Employee Information**

*Full-Time Employees*

1. How many full-time employees did you have at the end of last year? \_\_\_\_\_

2. How many of those employees earned < \$29,104? \_\_\_\_\_  
>\$29,104 and <\$49,384? \_\_\_\_\_  
> \$49,384? \_\_\_\_\_  
> \$56,120? \_\_\_\_\_

3. How many of those employees lived within 10 minutes of work? \_\_\_\_\_

4. Percentage of those employees received the following benefits?

Paid Holidays	___%	Paid Vacation	___%
Paid Sick Days	___%	Paid Health Insurance	___%
Paid Dental Insurance	___%	Paid Insurance for Dependents	___%
Short-Term Disability Insurance	___%	Long-Term Disability Insurance	___%
Paid Life Insurance	___%	Paid Child Care	___%
Paid Education / Training	___%	Retirement Contributions	___%

5. What is the total number of full-time positions held by:

Women? \_\_\_\_\_ Other minorities? \_\_\_\_\_  
African-Americans? \_\_\_\_\_ Caucasians? \_\_\_\_\_  
Latinos? \_\_\_\_\_

*Part-Time Employees*

6. How many part-time employees did you have at the end of last year? \_\_\_\_  
On average, how many hours did those part-time employees work each week? \_\_\_\_  
On average, how much did the part-time employees make per hour? \$ \_\_\_\_

**Part III – Business Information**

1. What products and services do you provide?

2. What is the market for your products and/or services?

New York City (Within the 5 Boroughs) \_\_\_\_ State-wide \_\_\_\_  
Tri-State Metro region \_\_\_\_ National \_\_\_\_ International \_\_\_\_

**Part IV – Use of Carver Financing**

1. For what purpose(s) have you used Carver's financing? Please check all that apply.

Build physical facility	____	Upgrade / enhance physical facility	____
Expand facility	____	Purchase facility	____
Equipment purchase	____	Inventory purchase	____
Working capital	____	Other (please describe below)	____

**2. What have been the specific benefits of Carver's financing for your company? Please check all that apply.**

- |                                |     |                          |     |
|--------------------------------|-----|--------------------------|-----|
| Lower interest rate            | ___ | Flexible repayment terms | ___ |
| Early-stage money              | ___ | Patient capital          | ___ |
| Helped attract other financing | ___ | Improved cash flow       | ___ |
| Other (please specify)         | ___ | No specific benefits     | ___ |

**3. How critical was Carver's financing to your business? Could you have met your capital needs without it?**

- No – it was absolutely critical to our survival / growth \_\_\_\_\_
- Not in the short term, but maybe down the road \_\_\_\_\_
- Eventually – it just would have taken more time \_\_\_\_\_
- Yes, but it would have cost more \_\_\_\_\_
- Yes, with a revised business strategy \_\_\_\_\_

**4. What difference has Carver's loan financing made on your business?**

**5. a) Have you needed to obtain additional capital since you received Carver's financing? Yes / No \_\_\_ If no, please skip to Part V.**

**b) If yes, have you needed debt \_\_\_, equity \_\_\_, or both \_\_\_?**

**c) If yes, how successful have you been in raising new capital? Have you been able to obtain favorable interest rates and terms?**

6. Has Carver's financing helped you obtain additional capital? Please explain.

**If you are a Non-Profit Entity, ALSO complete Part V of this survey.**

**Part V – Organizational Characteristics**

1. What is your organization's primary focus?

Education	___	Child Care	___
Recreation	___	Health Care	___
Counseling	___	Arts / Culture	___
Other (please describe)	___		

2. What services do you provide? **Please check all that apply.**

Employment / job training services	___	Adult education / GED	___
English as a second language	___	Case management	___
K-12 education	___	Child care	___
After-school activities	___	Tutoring	___
Recreational activities	___	Assisted living / adult day care	___
Mental health counseling	___	Anger / crisis management	___
Addiction counseling	___	Arts education / display	___
Cultural performances	___	Community meeting space	___
Office space for other nonprofits	___	Congregational meeting space	___
Outpatient medical care	___	Inpatient medical care	___
Other (please describe)	___		

3. What effects did Carver's financing have on your organization? Please check all that apply.

- Enabled us to make payroll \_\_\_\_\_
- Helped us expand our physical facility \_\_\_\_\_
- Enabled us to purchase a facility \_\_\_\_\_
- Refinanced more costly debt \_\_\_\_\_
- Helped us renovate / upgrade facility \_\_\_\_\_
- Enabled us to address building code violations \_\_\_\_\_
- Helped us develop / expand programs & services \_\_\_\_\_
- Other (please describe below) \_\_\_\_\_

4. For any of the items checked in Question 3, please provide additional detail here. For instance, if you were able to expand your programmatic offerings, please explain what additional programs you now offer, how many more people you serve, etc.

5. Who are your targeted constituents? Please describe your typical client, customer, or service recipient.

6. How many distinct individuals did you serve last year, meaning please count individuals one time and not by the number of times you serviced them in a year? \_\_\_\_\_

7. How many of those individuals qualified as low-income? \_\_\_\_\_  
Please explain briefly how you determine low-income status:

8. How effective have you been in addressing your clients' needs and improving their conditions? For example, are the individuals better able to obtain and keep a job, less likely to have untreated chronic illness, etc.? Please quantify your impact to the extent possible.

**If you received real estate financing from Carver, ALSO complete Part VI and the Survey of Commercial Tenants.**

**Part VI – Project Characteristics**

1. a) What is the subject property's total square footage? \_\_\_\_\_ ft<sup>2</sup>  
 b) What is the total commercial square footage? \_\_\_\_\_ ft<sup>2</sup>  
 c) How much of the commercial space is currently occupied? \_\_\_\_\_ ft<sup>2</sup>

2. Please complete the following table about the subject property's commercial tenants.

Tenant Type	Number of Tenants	Square Feet Occupied	Average Monthly Rent in Development	Going Rent for Similar Space in Market
For-Profit Tenant			/sq. ft.	/sq. ft.
Non-Profit Tenant			/sq. ft.	/sq. ft.
Manufacturer			/sq. ft.	/sq. ft.
Retailer			/sq. ft.	/sq. ft.
Service Provider			/sq. ft.	/sq. ft.

3. Are there any residential units that are part of the development? Yes \_\_\_ No \_\_\_  
 If yes, please complete the table below.

	Rental Units		For-Sale Units	
Total Units				
Units Targeted for Low-Income HHs				
Total Occupied Units				
<b><i>Your Rents or Sale Prices v. Market Price</i></b>				
• Efficiencies / Studios				
• 1-bedroom				
• 2-bedroom				
• 3-bedroom				
• 4 or more bedrooms				

**Commercial Tenant Information**

1. What goods and services do the current tenants provide?

2. a) How many of the tenant businesses are owned by women? \_\_\_  
 b) By minorities? \_\_\_



## Survey of Commercial Tenants

**(Please complete for each tenant or have the tenant complete)**

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Part I – Commercial Tenant Executive Information**

Please provide the following demographic information for your commercial tenant's primary owner, President / CEO, or managing partner.

Male \_\_\_ Female \_\_\_

White \_\_\_ African-American \_\_\_ Latino \_\_\_  
Asian \_\_\_ Native American \_\_\_ Other \_\_\_

### **Part II - Commercial Tenant Employee Information**

#### **Full-Time Employees**

1. How many full-time employees did you have at the end of last year? \_\_\_\_\_

2. How many of those employees earned < \$29,104? \_\_\_\_\_  
>\$29,104 and <\$49,384? \_\_\_\_\_  
> \$49,384? \_\_\_\_\_  
> \$56,120? \_\_\_\_\_

3. Percentage of those employees received the following benefits?

Paid Holidays	_____	Paid Vacation	_____
Paid Sick Days	_____	Paid Health Insurance	_____
Paid Dental Insurance	_____	Paid Insurance for Dependents	_____
Short-Term Disability Insurance	_____	Long-Term Disability Insurance	_____
Paid Life Insurance	_____	Paid Child Care	_____
Paid Education / Training	_____	Retirement Contributions	_____

4. What is the total number of full-time positions held by:

Women? \_\_\_\_\_  
African-Americans? \_\_\_\_\_  
Latinos? \_\_\_\_\_  
Other minorities? \_\_\_\_\_  
Caucasians? \_\_\_\_\_

**Part-Time Employees**

6. How many **part-time** employees did you have at the end of last year? \_\_\_\_  
On average, how many hours did those part-time employees work each week? \_\_\_\_  
On average, how much did the part-time employees make per hour? \$ \_\_\_\_

**Commercial Tenant Goods/Services Offered**

What goods and services do the current/prospective tenants provide?

*Thank you for completing this survey.*