



Consolidated Plan Survey

The City of Gulfport is in the process of developing a new Consolidated Plan for the use of Community Development Block Grant (CDBG) and HOME Investment Partnership Funds (HOME). The Plan will cover the 2017-2021 period and will identify the City's priorities for allocating these federal grant funds. We would like you to provide your perception of critical needs in the community. In addition, we would like to gain an understanding of Gulfport's agencies and the supportive role they plan in the community.

In order to customize the survey, please check next to the category that best represents you:

- An Interested Citizen
- A Developer
- The Real Estate Industry
- An Advocacy Group
- A Trade or Professional Organization
- A Nonprofit Service Provider
- A Municipal Agency or Department
- An Elected Official
- A Housing Organization
- Other _____

SECTION I - THE PRIORITY OF NEEDS FOR SERVICES AND PROJECTS THAT BENEFIT LOW INCOME

Using the range from 1 - 4, 1 indicates lowest need, 4 indicates the highest need

Community Facilities	Lowest		Highest		Community Services	Lowest		Highest	
Senior Centers	1	2	3	4	Senior Activities	1	2	3	4
Youth Centers	1	2	3	4	Youth Activities	1	2	3	4
Child Care Centers	1	2	3	4	Child Care Services	1	2	3	4
Parks and Recreational Facilities	1	2	3	4	Transportation Services	1	2	3	4
Health Care Facilities	1	2	3	4	Anti-Crime Programs	1	2	3	4
Community Centers	1	2	3	4	Health Services	1	2	3	4
Fire Stations & Equipment	1	2	3	4	Mental Health Services	1	2	3	4
Libraries	1	2	3	4	Legal Services	1	2	3	4
Infrastructure	Lowest		Highest		Neighborhood Services	Lowest		Highest	
Drainage Improvement	1	2	3	4	Trash & Debris Removal	1	2	3	4
Water/Sewer Improvement	1	2	3	4	Tree Planting	1	2	3	4
Street/Alley Improvement	1	2	3	4	Graffiti Removal	1	2	3	4
Street Lighting	1	2	3	4	Code Enforcement	1	2	3	4
Sidewalk Improvement	1	2	3	4	Parking Facilities	1	2	3	4
					Cleanup of Abandoned Lots and Buildings	1	2	3	4
Special Needs Services	Lowest		Highest		Business & Jobs	Lowest		Highest	
Centers/Services for Disabled	1	2	3	4	Start Up Business Assistance	1	2	3	4
Accessibility Improvements	1	2	3	4	Small Business Loans	1	2	3	4
Domestic Violence Services	1	2	3	4	Job Creation/Retention	1	2	3	4
Substance Abuse Services	1	2	3	4	Employment Training	1	2	3	4
Homeless Shelters/Services	1	2	3	4	Commercial/Industrial Rehabilitation	1	2	3	4
HIV/AIDS Centers & Services	1	2	3	4	Façade Improvements	1	2	3	4
Neglected/Abused Children Centers and Services	1	2	3	4	Business Mentoring	1	2	3	4

Housing	Lowest		Highest	
Residential Rehabilitation	1	2	3	4
Homeownership Assistance	1	2	3	4
Housing for Disabled	1	2	3	4
Senior Housing	1	2	3	4
Single Family Housing	1	2	3	4
Large Family Housing	1	2	3	4
Affordable Rental Housing	1	2	3	4
Fair Housing	1	2	3	4
Lead-Based Paint Test/Abatement	1	2	3	4
Residential Historic Preservation	1	2	3	4
Non-Residential Historic Preservation	1	2	3	4
Energy Efficient Improvements	1	2	3	4

PLEASE LIST YOUR TOP THREE ISSUES AND AREAS:

1 _____
 2 _____
 3 _____

SECTION II - NON-PROFIT ORGANIZATIONS (ALL OTHERS SKIP TO SECTION III)

Is your organization a 501(C)(3) or 501(C)(4) Yes No

What types of clients do you serve? (Please check all that apply).

- | | |
|--|--|
| <input type="checkbox"/> Youth (school age to young adults) | <input type="checkbox"/> Victims of Domestic Violence |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Veterans |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> English as a Second Lanage Population |
| <input type="checkbox"/> Persons with Disabilities (Physical or Cognitive) | <input type="checkbox"/> Other (please specify) _____ |

Which geographic areas do you serve? (Check all that apply)

- City of Gulfport
 Harrison County
 Other (please specify) _____

Whatat type of services do you provide? (Please check all that apply).

- | | |
|---|---|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Employment Training or Job Placement |
| <input type="checkbox"/> Substance Abuse Treatment | <input type="checkbox"/> HIV/AIDS Services |
| <input type="checkbox"/> Housing (Permanent/Affordable) | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Housing-related Services | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Educational - Youth Programs | <input type="checkbox"/> Educational - Adult Programs |
| <input type="checkbox"/> Other (please specify) _____ | <input type="checkbox"/> Financial assistance |

SECTION III - FAIR HOUSING AND EQUAL OPPORTUNITY

As part of this planning process, the City of Gulfport must also analyze factors that limit fair housing choice in the City of Gulfport. Your own experiences will contribute to the efforts to research obstacles such as the nature and extent of housing discrimination in the City.

This information will be used to assist in developing strategies to overcome impediments to fair housing choice. This survey is for information gathering purposes only.

- 1. Do you believe discrimination is an issue in your neighborhood? Yes No
- 2. Have you ever experienced discrimination in housing? Yes No
(If **Yes**, please proceed to Questions 3, 4, and 5)
- 3. Who do you believe discriminated against you?
 Landlord/property manager Real estate agent
 Mortgage lender Mortgage insurer
- 4. On what basis do you believe you were discriminated against?
 Race Color National Origin Religion
 Gender Disability (either you or someone close to you)
 Familial Status (single-parent with children, family with children or expecting a child)
- 5. If you believe you have been discriminated against, have you reported the incident? Yes No
 If **No** - **WHY?** don't know where to report afraid of retaliation
 don't believe it makes any difference too much trouble

If you feel you may have been discriminated against, please contact the U.S. Department of Housing and Urban Development (Fair Housing Department) at 601-965-4700, or file at www.hud.gov/fairhousing/complaints

FOR INFORMATIONAL PURPOSES ONLY:

Total Number of Persons in household: _____ Total Household Income: \$ _____

Race: White Black/African American American Indian/Alaska Native Asian
 Native Hawaiian/Other Black/African-American & White

Multi-Race: American Indian/Alaska Native & White Asian & White
 American Indian/Alaska Native & Black/African American

Ethnicity: Hispanic/Latino Not Hispanic/Latino

Female-Headed Household: Yes No.

Elderly (62): Yes No **Disabled:** Yes No

RETURN TO: **Community Development Department - Survey Results**
P. O. Box 59, Gulfport, MS 39502 OR 1410 24th Avenue, Gulfport, MS 39501
Fax: 228-868-5760 Email: communitydevelopment@gulfport-ms.gov

Thank you for your assistance!

DEADLINE: 7-14-2017

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