

COUNTY OF RIVERSIDE
Community Development Needs Assessment
2011 -2012 Program Year
Community: _____

The County of Riverside Economic Development Agency is conducting meetings throughout the County to obtain input from County residents and interested persons about the One Year Action Plan of the Consolidated Plan. This is an essential part of the planning process for the future use of redevelopment, housing and community development funds: Redevelopment (RDA), Community Development Block Grant (CDBG), Emergency Shelter Grant (ESG), Home Investment Partnership Program (HOME) and the Supportive Housing Program (SHP). Please help us to address future needs in the County by completing the following survey.

Please circle the category you represent: Resident Business Community Group Church

Name: _____ **Organization:** _____
Phone: _____ **Address:** _____

I. If you live within Riverside County, please tell us about yourself:

Do you live in a city or an unincorporated area? City Unincorporated area

Are you a renter or a homeowner? Renter Homeowner

What is the size of your household (total number of persons): _____

Number of children (under 18) in your household: _____

Number of elderly (62 and older) in your household: _____

Number of rooms in your home: _____ Number of bedrooms in your home: _____

Is it difficult to meet your monthly mortgage or rental payments? Yes No

If yes, why?

How far do you travel to your place of employment? _____ miles

What form of transportation do you use? _____

II. Please check the appropriate box below for each category showing what you think are the greatest unmet needs in your community. Please provide your input for each item.

NEEDS CATEGORY

PRIORITY NEED LEVEL

1. Housing Needs	HIGH	MEDIUM	LOW	NO NEED
a. Repairs/Improvements to Housing:				
- Apartments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Rental Homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Owner Occupied homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Improvements for Handicapped Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exterior Property Maintenance/ Code Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Help in Purchasing a Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Needs of Homeless People:				
- Emergency Shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Transitional Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Supportive Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Permanent Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Special Needs Housing Facilities:				
- Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Drug/Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Infrastructure Improvements	HIGH	MEDIUM	LOW	NO NEED
a. Flood Prevention/Drainage Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Water System Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Street Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Sewer Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Infrastructure Needs (please identify) _____				

NEEDS CATEGORY

PRIORITY NEED LEVEL

3. Public Facilities Needs	HIGH	MEDIUM	LOW	NO NEED
a. Senior Citizen Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Youth Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Centers for the Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Child Care Centers/Preschool Daycare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Parks & Recreation Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Community Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other Neighborhood Facilities (please identify) _____				

4. Public Service Needs	HIGH	MEDIUM	LOW	NO NEED
a. Senior Citizen Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Handicapped Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Youth Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Substance Abuse Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employment Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Crime Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fair Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Lead Paint Testing & Abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Other Public Service Needs (please identify) _____				

5. Accessibility Needs	HIGH	MEDIUM	LOW	NO NEED
(Removal of Barriers to the Handicapped)				
a. Public Buildings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Park & Recreation Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other Neighborhood Facilities/ Community Centers (please identify) _____				

6. Economic Development Needs	HIGH	MEDIUM	LOW	NO NEED
a. Neighborhood-Based Small Business Uses (Laundromat, Grocery Market, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Job Creation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Commercial Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Business Support Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Economic Development Needs (please identify) _____				

7. Suggested Projects/Programs: _____

