



CITY OF MENTOR

Department of Planning and Development

U.S. Department of Housing and Urban Development (HUD)

Community Development Block Grant (CDBG) program

~COMMUNITY NEEDS SURVEY~

CITY & COMMUNITY – NEIGHBORHOODS & HOMES – PEOPLE & SERVICES

The *COMMUNITY NEEDS SURVEY* is part of the Consolidated Plan development and is undertaken to gauge what the Community thinks is important when allocating public grant funds under the CDBG program.

PLEASE CHECK ALL BOXES THAT APPLY

- MENTOR RESIDENT
- MENTOR BUSINESS OWNER
- NON-PROFIT SERVICE PROVIDER

- MENTOR HOMEOWNER
- MENTOR RENTER

On the following pages are specific activities within each of those categories which you are asked to rate as Very Important, Least Important or of No Importance.

The Community Development Block Grant Program may allocate available funding into the five broad categories listed below; please rate those categories from one (1) to five (5). *1 being the most important need and 5 being the least important need*

_____ **HOUSING:** HUD programs may support homeless and supportive housing initiatives, housing rehabilitation, home ownership and affordability, housing accessibility for all persons and housing for persons with specific needs.

_____ **PUBLIC SERVICES:** HUD programs may fund programming for recreational needs, seniors and youths, health services, fair housing advocacy, services for persons with needs related to age, medical, income, or situational status (i.e., in-crisis, drugs or alcohol, etc.).

_____ **ECONOMIC DEVELOPMENT:** HUD programs may fund business assistance to create jobs and undertake building improvements.

_____ **COMMUNITY FACILITIES:** HUD programs may fund parks and facilities development with handicapped accessibility.

_____ **PUBLIC IMPROVEMENTS:** HUD programs may fund streetscape and other physical improvements in the community.

PLEASE RATE THE IMPORTANCE OF THE FOLLOWING ACTIVITIES

1 - VERY IMPORTANT

2 - LEAST IMPORTANT

3 - NO IMPORTANCE OR NOT APPLICABLE

HOUSING

HOUSING ISSUES

1 2 3 Major Home Rehabilitation

1 2 3 Minor Home Repair

1 2 3 Emergency Home Repair

1 2 3 Home Ownership Assistance

1 2 3 Home Modification for Handicapped Access, Energy Efficiency, Lead Abatement

1 2 3 Replace Substandard Housing

1 2 3 Housing Code Enforcement

Other **Housing Issues** Not Listed Above:

HOMELESS SERVICES

1 2 3 Emergency Shelters for Homeless and At-Risk Persons

1 2 3 Emergency Food and Clothing for Homeless and At-Risk Persons

1 2 3 Transitional Housing for Homeless and At-Risk Persons

1 2 3 Employment Training for Homeless and At-Risk Persons

1 2 3 Life Skills Training for Homeless and At-Risk Persons

Other **Homeless Issues** Not Listed Above:

COMMUNITY SERVICES

1 2 3 Services and Programs for Seniors

1 2 3 Services and Programs for Children and Youths

1 2 3 Services and Programs for the Disabled

1 2 3 Services and Programs for Victims of Domestic Violence

1 2 3 Services and Programs for Alcohol, Drug Abuse and Mental Health

1 2 3 Services and Programs for General Health

1 2 3 Fair Housing Advocacy and Support

1 2 3 Financial Literacy and Homeownership Counseling

1 2 3 Transportation Access

Other **Community Service** Issues Not Listed Above:

PLEASE RATE THE IMPORTANCE OF THE FOLLOWING ACTIVITIES

1 - VERY IMPORTANT

2 - LEAST IMPORTANT

3 - NO IMPORTANCE OR NOT APPLICABLE

ECONOMIC DEVELOPMENT

1 2 3 Small Business Loans to New and Existing Businesses

1 2 3 Technical Assistance to Businesses

1 2 3 Job Training and Placement

1 2 3 Micro-Enterprise Development

1 2 3 Commercial Façade Renovations and Improvements

Other **Economic Development** Issues Not Listed Above:

COMMUNITY FACILITIES

1 2 3 Parks and Recreational Facilities

1 2 3 Community Centers and Other Similar Facilities

1 2 3 Senior Centers

1 2 3 Youth Centers

Other **Community Facility** Issues Not Listed Above:

PUBLIC IMPROVEMENTS

1 2 3 Handicapped Accessibility

1 2 3 Street and Sidewalk Improvements

1 2 3 Streetscape Improvements Including Lighting

1 2 3 Mentor Marsh Access Improvements

Other **Public Improvement** Issues Not Listed Above:

Thinking about the five (5) general activities above, currently are there needs in the Community not being met?
 YES NO

Thinking about the specific activities above, list activities or projects that you feel should be funded with Community Development Block Grant funds:

List any other Community concerns not found in this survey that you would like to see addressed:

THANK YOU FOR YOUR TIME AND ASSISTANCE IN COMPLETING THE
COMMUNITY NEEDS SURVEY

FOR THE
CITY OF MENTOR
2019-2022 CONSOLIDATED PLAN

If you have difficulty returning the completed survey please call Larry Rastatter, 440-974-5740.

Once you complete the survey:

SELECT "File" on the menu bar then

SELECT "Attach to Email" then

ENTER rastatter@cityofmentor.com on the address line then

CLICK "Send" – if you wish you may enter "Survey" on the subject line.

You may also PRINT the survey, scan it and e-mail to Larry Rastatter rastatter@cityofmentor.com, or print it and mail, or drop it off to the address below.

City of Mentor

Department of Planning and Development

Attn: Larry Rastatter

8500 Civic Center Blvd.

Mentor, OH 44060-2499

~ PUBLIC SERVICE PROVIDER SURVEY ~

AGENCY INFORMATION

AGENCY NAME: _____

PRIMARY CONTACT: _____ TITLE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL: _____

GEOGRAPHIC SERVICE AREA(S): _____

CLIENTELE

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> HOMELESS | <input type="checkbox"/> VETERANS | <input type="checkbox"/> VICTIMS OF DOMESTIC VIOLENCE |
| <input type="checkbox"/> SENIORS | <input type="checkbox"/> SUBSTANCE ABUSERS | <input type="checkbox"/> PERSONS WITH DISABILITIES |
| <input type="checkbox"/> YOUTHS | <input type="checkbox"/> LOW-INCOME PERSONS | <input type="checkbox"/> OTHER _____ |

TYPES OF SERVICES

- | | | |
|--------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> LITERACY | <input type="checkbox"/> FINANCIAL |
| <input type="checkbox"/> COUNSELING | <input type="checkbox"/> SHELTER | <input type="checkbox"/> HOUSING |
| <input type="checkbox"/> FOOD/HUNGER | <input type="checkbox"/> OTHER _____ | |

LIST IN ORDER OF IMPORTANCE THE CRITICAL ISSUES FACING YOUR CLIENTELE:

1. _____
2. _____
3. _____
4. _____
5. _____

WHAT ARE THE UNMET NEEDS OR GAPS IN SERVICE FACING YOUR CLIENTELE:

PLEASE PROVIDE ANY ADDITIONAL CONCERNS OR SUGGESTIONS: