



City of Grants Pass Community Development Block Grant (CDBG) 5-Year CP/AAP

City of Grants Pass - Community Needs Assessment

The City of Grants Pass is in the process of preparing its new 5-Year Consolidated Plan and Annual Action Plan for the use of federal funding through the Community Development Block Grant program during fiscal years 2020-2024. Your valuable feedback is requested to help assess the most critical needs of Grants Pass' community, including low- to moderate-income persons and households; persons experiencing homelessness; and persons with special needs such as disabilities, substance use disorders, mental illness, HIV/AIDS, the elderly, youth, etc. Your opinions will be considered during the completion of the Consolidated Plan and Annual Action Plan which will drive funding decisions made by Grants Pass City Council for the next five years.

This survey contains 27 brief questions and can be completed in approximately 8-10 minutes. All participation is voluntary and individual responses will be kept confidential. Survey responses will be collected by a third party and data will be used for statistical purposes only. If you have questions regarding the survey, please contact Anne Ingalls, CDBG Coordinator at aingalls@grantspassoregon.gov or 541-450-6083.

Please complete the Survey no later than 5:00 PM on May 29, 2020.

1. Are you a Grants Pass resident?

Yes

No

2. Do you work in Grants Pass?

Yes

No

3. Which statement best describes your housing situation?

- I own my home and/or have a mortgage.
- I am homeless living with others ('couch surfing')
- I rent a house or apartment with no roommates.
- I am homeless residing in a shelter.
- I rent a house or apartment with a roommate(s).
- I am homeless living on the streets.
- I am living in transitional housing with a limited time period.

4. Which statement below best describes your most immediate future housing goal?

- I am content/happy with my current housing situation.
- I am looking for higher-amenity rental housing or to upgrade my current rental housing.
- I am looking to purchase a home in Grants Pass.
- I am housed, looking for more affordable rental housing.
- I am looking to purchase a home outside of Grants Pass.
- I am homeless, looking for permanent housing.

5. Select the statement that most applies to you.

- I currently receive financial assistance to stay in my home.
- I am concerned about losing my home due to my financial situation.
- I am concerned about losing my home due to other reasons.
- None apply.

6. How much do you pay for housing each monthly? (If you rent, please include monthly rent and rental insurance. If you are a homeowner, include principal, interest, taxes, mortgage and homeowner insurance and homeowner association fees, if applicable).

7. Do you have health and safety concerns related to the condition of your housing?

- Yes
- No

If you answered NO to the above question (Q7), please skip to (Q9)

8. If you indicated you have health and safety concerns related to the condition of your housing, please mark all concerns that apply.

- | | |
|--|---|
| <input type="checkbox"/> Leaking and/or deteriorated roofing | <input type="checkbox"/> No heat |
| <input type="checkbox"/> Improper insulation and/or air leakage | <input type="checkbox"/> Inadequate food storage, preparation and/or cooking facilities |
| <input type="checkbox"/> Lead-based paint hazards | <input type="checkbox"/> Water supply problems |
| <input type="checkbox"/> Electrical problems such as tripping circuits | <input type="checkbox"/> Lack of accessibility for persons with disabilities |
| <input type="checkbox"/> Plumbing and/or water heater issues | <input type="checkbox"/> Damaged or missing siding issues |
| <input type="checkbox"/> Sewer lines backing up or clogging | <input type="checkbox"/> Mold or other toxic concerns |
| <input type="checkbox"/> Other (please specify) | |

The following are questions about housing needs in Grants Pass

9. Select the three housing needs most critical in your community.

- | | |
|---|---|
| <input type="checkbox"/> Construction of affordable rental housing | <input type="checkbox"/> Exterior property maintenance and code enforcement |
| <input type="checkbox"/> Construction of affordable 'for sale' housing | <input type="checkbox"/> Lead paint testing and abatement |
| <input type="checkbox"/> Housing for persons experiencing homelessness | <input type="checkbox"/> Rental assistance |
| <input type="checkbox"/> Housing for persons with special needs, including those with physical disabilities, mental illness, substance abuse and addictions | <input type="checkbox"/> Home-ownership assistance |
| <input type="checkbox"/> Poor condition of existing housing | <input type="checkbox"/> Tenant/landlord counseling |
| <input type="checkbox"/> Improvements to make existing housing more accessible for persons with disabilities | |
| <input type="checkbox"/> Other (please specify) | |

10. Select three special needs housing types most critical in your community.

- | | |
|--|--|
| <input type="checkbox"/> ADA accessible housing | <input type="checkbox"/> Housing for seniors |
| <input type="checkbox"/> Hospital discharge housing | <input type="checkbox"/> Housing for veterans |
| <input type="checkbox"/> Housing for persons fleeing domestic violence | <input type="checkbox"/> Pre and post addiction recovery housing |
| <input type="checkbox"/> Housing for persons experiencing homelessness | <input type="checkbox"/> Post-incarceration/corrections housing |
| <input type="checkbox"/> Housing for persons with HIV/AIDS | <input type="checkbox"/> Supportive housing for youth |
| <input type="checkbox"/> Housing for persons needing mental health support | |
| <input type="checkbox"/> Other (please specify) | |

11. Select three housing options needed most for persons experiencing homelessness.

- | | |
|---|---|
| <input type="checkbox"/> Medical respite housing | <input type="checkbox"/> Severe weather shelters |
| <input type="checkbox"/> Permanent emergency shelters | <input type="checkbox"/> Temporary emergency shelters |
| <input type="checkbox"/> Permanent housing with supportive services (services may include rental support, mental health services, etc.) | <input type="checkbox"/> Transitional housing |
| <input type="checkbox"/> Permanent housing without supportive services | |
| <input type="checkbox"/> Other (please specify) | |

12. When you looked for housing in the City of Grants Pass, did you ever feel you were discriminated against?

- Yes
- No
- Other (please specify)

If you answered YES to the above question, please consider contacting the Fair Housing Council of Oregon at (503) 223-8197 or toll free (800) 424-3247.

The following are questions about service priorities in Grants Pass

13. Select the three highest priority public services needed most in your community.

- | | |
|---|--|
| <input type="checkbox"/> Addiction recovery programs | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Assistance with food | <input type="checkbox"/> Senior services |
| <input type="checkbox"/> Crime prevention programs | <input type="checkbox"/> Services for abused/neglected children |
| <input type="checkbox"/> Employment/job skills training | <input type="checkbox"/> Services for persons with disabilities |
| <input type="checkbox"/> Homeless services | <input type="checkbox"/> Services for victims of domestic violence |
| <input type="checkbox"/> Housing services | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Life skills training | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Veterans services |
| <input type="checkbox"/> Medical equipment | |

14. Select the three economic development or business services needed most in your community.

- | | |
|---|--|
| <input type="checkbox"/> Business mentoring services | <input type="checkbox"/> Job creation and retention |
| <input type="checkbox"/> Commercial/industrial rehabilitation | <input type="checkbox"/> Small business loans |
| <input type="checkbox"/> Employment training | <input type="checkbox"/> Startup business assistance |
| <input type="checkbox"/> Other (please specify) | |

15. Select the three community or neighborhood facilities most needed in your community.

- | | |
|--|--|
| <input type="checkbox"/> Child care facilities | <input type="checkbox"/> Parks (open space areas) |
| <input type="checkbox"/> Crisis centers | <input type="checkbox"/> Playground areas (baseball, soccer, basketball, play equipment) |
| <input type="checkbox"/> Health care centers | <input type="checkbox"/> Senior centers |
| <input type="checkbox"/> Job/vocational training centers | <input type="checkbox"/> Youth centers |
| <input type="checkbox"/> Navigation centers for homeless residents | |
| <input type="checkbox"/> Other (please specify) | |

16. Select the three public improvement and/or infrastructure needs most critical in your community.

- | | |
|--|--|
| <input type="checkbox"/> Code enforcement of blighted properties | <input type="checkbox"/> Sewer improvements |
| <input type="checkbox"/> Downtown revitalization | <input type="checkbox"/> Sidewalk improvements |
| <input type="checkbox"/> Flood/drainage improvements | <input type="checkbox"/> Street/alley improvements |
| <input type="checkbox"/> Graffiti removal | <input type="checkbox"/> Street lighting |
| <input type="checkbox"/> Historic preservation | <input type="checkbox"/> Trash and debris removal |
| <input type="checkbox"/> Improved transportation options | <input type="checkbox"/> Tree planting |
| <input type="checkbox"/> Parking facilities | <input type="checkbox"/> Water system improvement |
| <input type="checkbox"/> Public beautification | |
| <input type="checkbox"/> Other (please specify) | |

17. What was the annual income of all people living in your household in 2019?

- | | |
|---|---|
| <input type="radio"/> Under \$15,000 | <input type="radio"/> Between \$75,000 and \$99,999 |
| <input type="radio"/> Between \$15,000 and \$29,999 | <input type="radio"/> Between \$100,000 and \$150,000 |
| <input type="radio"/> Between \$30,000 and \$49,999 | <input type="radio"/> Over \$150,000 |
| <input type="radio"/> Between \$50,000 and \$74,999 | <input type="radio"/> Prefer not to answer |

18. What percentage of your gross income goes towards housing costs each month? (If you rent include monthly rent and rental insurance. If you are a homeowner, include principal, interest, taxes, mortgage and homeowner insurance, and homeowner association fees if applicable).

- < 30%
- 31% - 49%
- > 50%
- Other (please specify)

19. How many people live in your household, including adults and children?

- | | |
|----------------------------|---|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 or more |
| <input type="checkbox"/> 4 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 5 | |

20. How many children live in your household?

- | | |
|----------------------------|--|
| <input type="radio"/> None | <input type="radio"/> 5 |
| <input type="radio"/> 1 | <input type="radio"/> 6 |
| <input type="radio"/> 2 | <input type="radio"/> 7 |
| <input type="radio"/> 3 | <input type="radio"/> 8 or more |
| <input type="radio"/> 4 | <input type="radio"/> Prefer not to answer |

21. What is your age?

- | | |
|--------------------------------|--|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54 |
| <input type="radio"/> 18-24 | <input type="radio"/> 55-64 |
| <input type="radio"/> 25-34 | <input type="radio"/> 65+ |
| <input type="radio"/> 35-44 | <input type="radio"/> Prefer not to answer |

22. Please identify your race.

- | | |
|---|---|
| <input type="radio"/> White or Caucasian | <input type="radio"/> American Indian or Alaska Native |
| <input type="radio"/> Black or African American | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Hispanic or Latino | <input type="radio"/> Another race |
| <input type="radio"/> Asian or Asian American | <input type="radio"/> Prefer not to answer |

23. Are you of Hispanic or Latino origin?

- Yes
- No
- Prefer not to answer

24. What status is most applicable to you?

- Employed (full-time)
- Employed (part-time)
- Unemployed (looking for work)
- Unemployed (due to disability)
- Other (please specify)
- Unemployed (not looking for work)
- Stay at home parent/caregiver
- Retired

25. Which industry do you work in?

- Non-profit Services
- Agriculture
- Appointed/elected Official
- Housing Development
- Housing Services
- Construction (general)
- Real Estate
- Municipal Agency/Department
- Other (please specify)
- Financial Services
- Health Care
- Education
- Food/Hospitality/Leisure
- Business Owner
- Retail/Sales
- Trade
- Professional

26. If you have further comments, please list them here.

27. If you would like to be involved with any of the topics referenced in the Survey, please provide your email address.

Thank you for your time and input!