

Fort Bend County, Texas
2015 Community Development Needs Survey

Fort Bend County receives an annual allocation of Federal funds from the U.S. Department of Housing and Urban Development (HUD). These funds are intended to create viable communities by providing decent housing, a suitable living environment, and expanded economic opportunities for low- and moderate-income persons. HUD requires the submission of a Consolidated Plan that identifies needs, priorities, goals, and objectives for addressing the community's needs over the next five years. As part of this process, the County is seeking public input to determine the County's five-year needs for homeless, housing, public service, economic, and infrastructure programs.

Please help us identify priority needs in your local government/community by taking a few minutes to fill out this survey. It will help us put together a strategy representative of resident needs. We would like to know what you think are your community's most pressing needs. Thank You.

Name:

Position:

*Organization:

Address:

City, State, Zip Code:

Area Code/Telephone Number:

Fax Number:

E-Mail Address:

Please e-mail completed survey to: debra.watson@fortbendcountytexas.gov

or mail completed survey to: Fort Bend County
Community Development Department
301 Jackson St., Suite 602
Richmond, Texas 77469

Should you have any questions, please contact Carol Borrego in the Fort Bend County Community Development Department at (281) 341-4410 or carol.borrego@fortbendcountytexas.gov

*Non-Profit Service Providers: Please list key services your organization provides and target clients.

<u>Homeless Services and Facilities:</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Outreach Services (Services to persons on street, unsheltered)	_____	_____	_____	_____
Emergency Shelter Services	_____	_____	_____	_____
Emergency Shelter Operating Costs	_____	_____	_____	_____
Emergency Shelter Acquisition	_____	_____	_____	_____
Emergency Shelter Renovation	_____	_____	_____	_____
Transitional Shelter (6 months-2 years)	_____	_____	_____	_____
Permanent Supportive Housing (2 years +)	_____	_____	_____	_____
Rapid ReHousing (monthly rental subsidy)	_____	_____	_____	_____
Homelessness Prevention Assistance	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Please identify any areas with geographic concentrations of homeless persons, any special populations of homeless persons, and any services and/or facilities for the homeless persons in your community. In addition, include any other comments you may have regarding homeless persons, services, and facilities.

<u>Special Needs Populations Services and Facilities:</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Abused/Neglected Children Services	_____	_____	_____	_____
Abused/Neglected Children Facilities	_____	_____	_____	_____
Battered Spouses Services	_____	_____	_____	_____
Battered Spouses Facilities	_____	_____	_____	_____
Elderly Persons Services	_____	_____	_____	_____
Elderly Persons Facilities	_____	_____	_____	_____
Severely Disabled Services	_____	_____	_____	_____
Severely Disabled Facilities	_____	_____	_____	_____
Homeless Persons Services	_____	_____	_____	_____
Homeless Persons Facilities	_____	_____	_____	_____
Illiterate Persons Services	_____	_____	_____	_____
Illiterate Persons Facilities	_____	_____	_____	_____
Persons With AIDS Services	_____	_____	_____	_____
Persons With AIDS Facilities	_____	_____	_____	_____
Migrant Farm Workers Services	_____	_____	_____	_____
Migrant Farm Workers Facilities	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Please identify any special population needs not included above and specify if the need is for services, types of services, facilities and/or both.

<u>Affordable Housing:</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Fair Housing (Discrimination)	_____	_____	_____	_____
Housing Counseling	_____	_____	_____	_____
Homeownership: (Downpayment Assistance)	_____	_____	_____	_____
Homeownership: New Construction	_____	_____	_____	_____
Homeowner Repair (Less than \$5,000)	_____	_____	_____	_____
Homeowner Rehabilitation (More than \$5,000)	_____	_____	_____	_____
Homeowner Accessibility Improvements	_____	_____	_____	_____
Homeowner Energy Efficiency	_____	_____	_____	_____
Housing for Seniors	_____	_____	_____	_____
Housing for Physically Disabled	_____	_____	_____	_____
Housing for Mentally Disabled	_____	_____	_____	_____
Housing for Ex-offenders	_____	_____	_____	_____
Rental Assistance: (Emergency Assistance)	_____	_____	_____	_____
Rental Housing Subsidy: (monthly rent)	_____	_____	_____	_____
Security Deposits	_____	_____	_____	_____
Rental Housing: New Construction	_____	_____	_____	_____
Rental Housing Rehabilitation (Apartments)	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other: ".....'aaaaa'aaaaa'aaaaa'aaaaa "				

Comments you have about the need for affordable housing in your community.

<u>Public Services</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Service for Homeless/AIDS Persons	_____	_____	_____	_____
Senior Services	_____	_____	_____	_____
Handicapped Services (Disabilities)	_____	_____	_____	_____
Legal Services	_____	_____	_____	_____
Youth Services	_____	_____	_____	_____
Transportation Services	_____	_____	_____	_____
Substance Abuse Services	_____	_____	_____	_____
Battered and Abused Spouses	_____	_____	_____	_____
Employment Training	_____	_____	_____	_____
Crime Awareness	_____	_____	_____	_____
Fair Housing Activities	_____	_____	_____	_____
Tenant/Landlord Counseling	_____	_____	_____	_____
Child Care Services	_____	_____	_____	_____
Health Services	_____	_____	_____	_____
Abused and Neglected Children	_____	_____	_____	_____
Mental Health Services	_____	_____	_____	_____
Screening for Lead Based Paint	_____	_____	_____	_____
Neighborhood Cleanups	_____	_____	_____	_____
Food Banks	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Comments you have about the need for public services in your community.

<u>Public Facilities and Improvements:</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Senior Centers	_____	_____	_____	_____
Handicapped Centers	_____	_____	_____	_____
Youth Centers	_____	_____	_____	_____
Neighborhood Facilities	_____	_____	_____	_____
Parks, Recreational Facilities	_____	_____	_____	_____
Child Care Centers	_____	_____	_____	_____
Health Facilities	_____	_____	_____	_____
Abused/Neglected Children Facilities	_____	_____	_____	_____
Facilities for AIDS Patients	_____	_____	_____	_____
Fire Station/Equipment	_____	_____	_____	_____
Parking Facilities	_____	_____	_____	_____
Solid Waste Disposal Improvements	_____	_____	_____	_____
Flood/Drainage Improvements	_____	_____	_____	_____
Water/Sewer Improvements	_____	_____	_____	_____
Street Improvements	_____	_____	_____	_____
Sidewalks	_____	_____	_____	_____
Clearance and Demolition	_____	_____	_____	_____
Clean Up of Contaminated Sites	_____	_____	_____	_____
Tree Planting	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Comments you have about the need for public facilities and improvements in your community.

<u>Economic Development/Opportunity</u> (Please check an entry for each item)	No Need	Low Need	Medium Need	High Need
Commercial/Industrial Infrastructure	_____	_____	_____	_____
Commercial/Industrial Building Acquisition, Construction, Rehabilitation	_____	_____	_____	_____
Other Commercial/Industrial Improvements	_____	_____	_____	_____
Economic Development Assistance To For-Profits	_____	_____	_____	_____
Economic Development Administration and Technical Assistance	_____	_____	_____	_____
Micro-Enterprise Assistance	_____	_____	_____	_____
Nonprofit Capacity Building	_____	_____	_____	_____
Assistance to Higher Education Institution	_____	_____	_____	_____
Operation and Repair of Foreclosed Property	_____	_____	_____	_____
Other:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Comments you have about the need for economic development activities in your community.