



**Cherokee County  
Community Development Block  
Grant Program Office  
Laura Calfee, CDBG Manager**



**Needs Assessment Survey  
AFH 2018 and 2019-2023 Consolidated Plan**

Agency Name: \_\_\_\_\_

Name and Title of Person Completing Survey: \_\_\_\_\_

Address: \_\_\_\_\_


Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. What are the agency's mission, principal activities, and service area? Attach a brochure, if available.

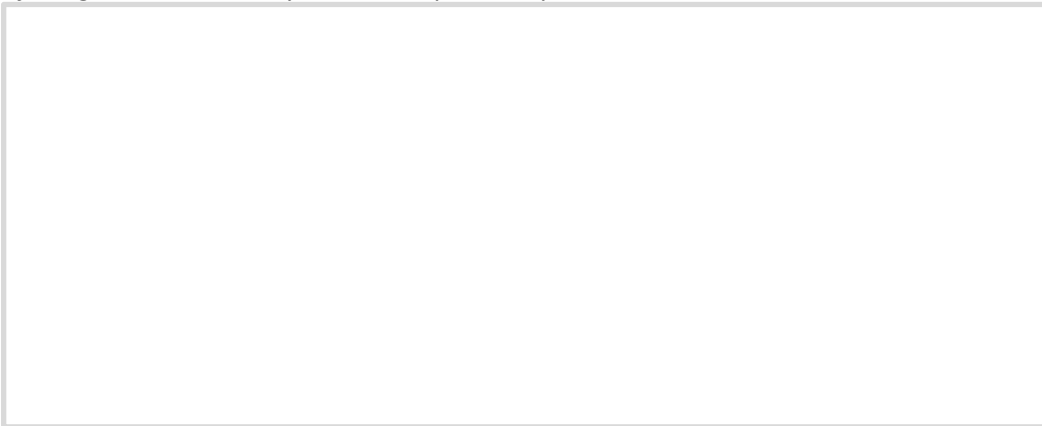
2. What special needs classification of persons and/or households does your agency serve? (Example: persons with disabilities, etc.)

3. What have you found to be **the most unmet** housing and/or supportive services need *faced by your agency and/or the individuals and/or households the agency serves?*

- a. What is the magnitude of the need? Please attach any statistics, records, or survey results that substantiate this need.

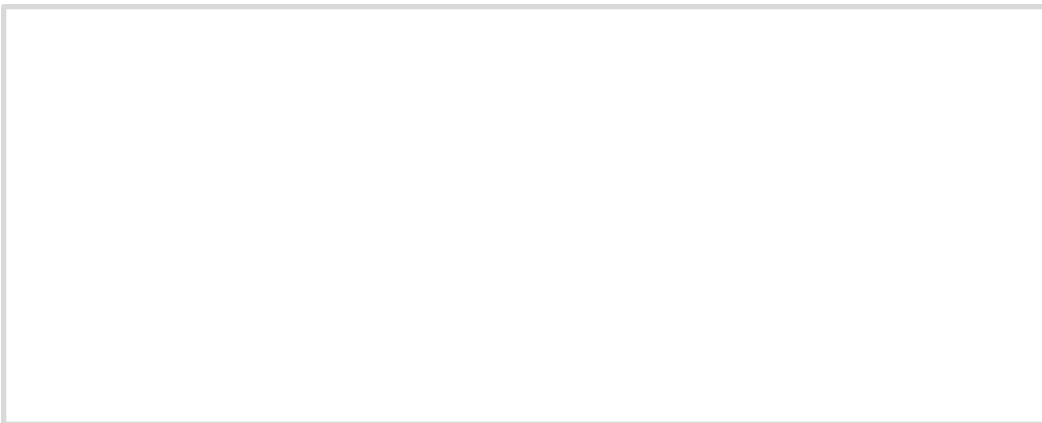


4. From your observation and knowledge, what is **the major unmet** housing and/or supportive services need *facing Cherokee County residents* specifically?



5. Identify any public facility and public service need not previously mentioned. In addition, provide an estimate of the cost to provide the facility or service and the basis for your estimate (architectural/engineering plans and estimate, current service budget, etc.).

- a. What is the magnitude of the need? Please attach any statistics, records, or survey results that substantiate this need.



6. Does the agency you represent *develop* housing? Yes \_\_\_\_\_ No \_\_\_\_\_

- a. If "Yes", please provide detail, in the chart below, of the housing developments planned by the agency for the next three (3) years. Attach additional sheets if necessary.

Check All That Apply	Type of Housing	# of Units	Geographic Location	Classification of Residents Served
	Rental Housing			
	Homebuyer/Owner			
	Other (Ex. Assisted Living, etc.)			
	Other:			

7. Does the agency you represent *manage* housing? Yes \_\_\_\_\_ No \_\_\_\_\_
- a. If "Yes", please check the type of housing in the chart below that the agency manages and provide the total number of units.

Check All That Apply	Type of Housing	# of Units	Geographic Location	Classification of Residents Served
	Rental Housing			
	Other (Ex. Assisted Living, etc.)			
	Other:			

8. If applicable, describe any partnerships the agency may be involved in or may undertake to implement housing goals and initiative.

9. Describe any additional information relating to community development needs in Cherokee County below. Attach additional pages, if necessary.

Thank you for your support and prompt response to this survey and for assisting Cherokee County in fulfilling its Consolidated Planning responsibilities. Please return the completed survey by mail, or email, to the address shown below.

Cherokee County CDBG Program Office

Attention: Laura Calfee

1130 Bluffs Parkway

Canton, GA 30114

(770) 721-7807

[lcalfee@cherokeega.com](mailto:lcalfee@cherokeega.com)