

BNCP Neighborhood Survey

Tracking Number _____ Date _____

This survey is part of the work that is being done by Metro Community Development as part of the Building Neighborhood Capacity Program (BNCP) to develop a neighborhood revitalization plan for the people living in the BNCP anchor zone area. Your participation will help us understand what is happening in the neighborhood and what we can be done to improve the neighborhood in the future. The City of Flint is working on a Master Plan for the entire city; the information and ideas you provide will feed directly into this process.

Can you tell us a little about yourself?

1. Where do you live?

Address:

2. How long have you lived in your neighborhood?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-15 years
- ☐ 16-20 years
- ☐ 21 or more years

3. Which of the following age groups do you belong to?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-49
- ☐ 50-64
- ☐ Over 65

4. What is your gender?

- ☐ Male
- ☐ Female

5. Please list the ages of all members of your household. Then, indicate the highest level of education achieved by each person thus far.

AGE	Too young for school	Elementary School	Middle School	Some High School	High School Graduate or GED	Some College	College Graduate
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section asks questions about housing in your neighborhood.

6. Do you rent or own your home?

- ☐ Rent
- ☐ Own
- ☐ Other _____

7. Is your house in need of major repairs?

- ☐ Yes
- ☐ No

7b. If yes, what is the most important item that needs to be repaired or replaced? (Examples: furnace, downspouts, windows, etc.)

8. If you own your home, can you afford the cost of fixing it up?

- ☐ Yes
- ☐ No

9. How satisfied are you with the present state of housing in your neighborhood?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

10. How many vacant/abandoned houses are on your block?

- ☐ 0
- ☐ 1-2
- ☐ 3-5
- ☐ 6-10
- ☐ 11 or more

11. How should vacant lots in your neighborhood be reused? Please rank the options from 1 to 6 with 1 being your strongest preference.

____ Single Family Homes

____ Multiple Family Home/Apartment Buildings

____ Green Space/Parks

____ Community Gardens

____ Commercial/Retail Development

____ Sold to adjacent or nearby property owners

____ Industrial/Manufacturing

This section asks questions about the condition and availability of transportation in your neighborhood.

12. What is your primary form of transportation?

- ☐ Car
- ☐ Bike
- ☐ Walking
- ☐ Public Transportation (MTA buses)
- ☐ I get a ride from friends/family
- ☐ Other _____

13. How would you rate public transportation in your neighborhood?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

14. How would you rate the condition of roads and streets on your block?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

15. Do you know of any bike routes in your neighborhood?

- ☐ Yes
- ☐ No

16. How would you rate the condition of sidewalks on your block?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor
- ☐ We don't have sidewalks

We know that crime is an important and sensitive issue in Flint. This section has questions about this type of activity in your neighborhood.

17. How concerned are you about crime in your neighborhood?

- ☐ Very Concerned
- ☐ Moderately Concerned
- ☐ A Little Concerned
- ☐ Not at All Concerned

18. Have you ever called the police to report a crime that has occurred in your neighborhood?

- ☐ Yes
- ☐ No

19. Are you aware of other numbers that you can call to anonymously report crimes?

- ☐ Yes
- ☐ No

20. How satisfied are you with the police response to crime in your neighborhood?

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very Dissatisfied

21. In the past 12 months, have you been a victim of the following crimes? (Please check all that apply.)

____ Assault or Battery

____ Robbery

____ Property Crime

____ Arson

22. Does your neighborhood have a neighborhood watch program?

☐ Yes

☐ No

☐ I don't know

This section has questions about businesses and parks in your neighborhood

23. Where do you typically shop for groceries?

Name of Store:

Address or Intersection:

24. Do the businesses and shops in your neighborhood meet your needs?

☐ Yes

☐ No

☐ Somewhat

25. What new businesses or shops would you like to see in your neighborhood? Please list.

1.

2.

3 .

26. Is there a clinic in your neighborhood that provides free medical care for children?

- ☐ Yes
- ☐ No

27. Is there a clinic in your neighborhood that provides free medical care for adults?

- ☐ Yes
- ☐ No

28. Which of the following services would be helpful to you if they were located in your neighborhood?
(Please check all that apply.)

- ☐ Assistance with obtaining your GED
- ☐ Childcare
- ☐ Classes on Home Repair
- ☐ Credit Counseling
- ☐ Early Childhood Education (Pre-School)
- ☐ Energy Audit/Information on Weatherization
- ☐ Financial Literacy Classes
- ☐ Foreclosure Prevention Workshops
- ☐ Health and Fitness Classes
- ☐ Homeownership Counseling
- ☐ Job Readiness
- ☐ Nutrition and Cooking Classes
- ☐ Parenting Classes

29. How would you rate the parks in your neighborhood?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

30. How would you rate the recreation opportunities in your neighborhood?

- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very Poor

31. This table summarizes many of the topics addressed in the previous questions. Please indicate how important you think it is for the following items to be addressed in your neighborhood's plan.

	Extremely Important (1)	Important (2)	Somewhat Important (3)	Not At All Important (4)
Quality of housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crime and safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condition of streets and roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parks and recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of vacant/abandoned properties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presence of businesses and shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Condition of sidewalks/paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More bike routes/paths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Health Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education/School Quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment Opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Let's end with a few open ended questions

32. What are the 3 BEST things about living in your neighborhood?

1.

2.

3.

33. What are the 3 WORST things about living in your neighborhood?

1.

2.

3.

34. What 3 things would you like to see done to improve your neighborhood?

1.

2.

3.

THANK YOU!