



2010-2011 Resource Inventory

Name: _____ E-Mail: _____ Phone: _____

Organization: _____ Address: _____

Purpose of Inventory: The information requested on this annual survey is necessary to identify the programs currently serving Rock Island citizens. The U.S. Department of Housing and Urban Development also requires this information from the City of Rock Island in keeping with the goals and objectives of community planning efforts for low and moderate income persons and persons with special needs.

If you have questions about this survey please contact Trisha Griffin at 732-2904 or griffin.trisha@rigov.org. This survey may also be accessed online at www.rigov.org. Look under the “Documents” link.

**PLEASE RETURN THIS SURVEY NO LATER THAN December 14, 2009.
THANK YOU FOR YOUR ASSISTANCE!**

SECTION I

Please describe any services you provide to the special needs populations listed below.

Homeless / Near Homeless:

Elderly / Frail Elderly:

Physical / Mental Disability:

Addictions / Mental Illness:

HIV / AIDS:

SECTION II: PLEASE PROVIDE INFORMATION BELOW FOR EACH PROGRAM

Name of Program _____

What types of Services are provided through this program? (e.g. transportation, meals, case management, homeowner repair, etc...)

One-year goals for the number of homeless , non-homeless, and special needs households to be provided affordable housing units using funds made available to the jurisdiction?

What population(s) does this program primarily target?

Numerical performance/outcome measures for :

FY 2010-2011 (April 1, 2010 – March 31, 2011)?

Priority the Program Addresses: (Check)

- _____ 1) Promote, Increase, Maintain Homeownership for Low and Moderate-income Households.
- _____ 2) Decent & Affordable Housing for Renters with Low and Moderate Incomes.
- _____ 3) Supportive Housing and Services for Homeless Individuals and Families.
- _____ 4) Supportive Services for Persons with Special Needs.
- _____ 5) Economic Development & Revitalization with Job Creation
- _____ 6) Other, Please Specify _____

What funding sources and amounts are anticipated to be available for this program in 2010-2011 (4/1/10-3/31/11)?
Please name the specific grant program (e.g. CDBG, ESG, HOME, SAMHSA, etc...) or other source (e.g. United Way, Day Foundation, other private) along with the amount – as exemplified in the table below.

Sources & Amounts	Federal	State	Local / Private
Source (example)	CDBG	IHDA	United Way
Amount (example)	10,000	5,000	10,000
Source			
Amount			
Source			
Amount			

What is the primary Geographic area served? _____

What is the basis for allocating geographically and rational for assigning priorities? _____

What percentage of those you serve reside in the city of Rock Island? _____

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