# APPENDIX B: Sample Grant Survey Form & Instructions

**INSTRUCTIONS FOR COMPLETING GRANT SURVEY FORM**

**To ensure confidentiality, survey forms should be numbered to correspond with the Random Sample Worksheet.**

1. **Survey Unique ID Number**

Indicate in this box the number of the house as identified on the corresponding random sample spreadsheet. This information is needed to validate the survey. **Note: Survey information will not be accepted unless it is tied to a corresponding random sample worksheet.**

1. **Number of Persons in the Family**

This number will include all residents temporarily away from the surveyed family (e.g. college students, persons on extended vacation, etc.) **Note: If there is more than one family residing in the house/apartment, a separate form should be completed by each family.**

1. **Family Income**

Income is determined by the most recently submitted IRS 1040 Adjusted Gross Income, or by computing the total income of all family members for the last three (3) months and then multiplying that number by four (4), including persons temporarily away from the family/house. **Note: Income is not limited to salaries, wages, and tips. All other forms of income as specified by the Internal Revenue Service should be included (e.g. payments received from social security, pensions, annuities, dividends, taxable interest income, tax exempt interest income, IRA distributions, etc.)**

1. **Above or Below LMI**

Simply identify the box which appropriately determines the number of individuals in the family. View the dollar amount associated with that family size.

* If the *total family income* is below the listed amount, check the “Below ( )” category.
* If the *total family income* is above the listed amount, check the “Above ( )” category.

**Note: To determine the appropriate dollar amounts to be identified in each block, reference the current “Income Limits” document on the HUD website at:** [**https://www.hudexchange.info/resource/5334/cdbg-income-limits/**](https://www.hudexchange.info/resource/5334/cdbg-income-limits/)**.**

***How to calculate income limits for families with more than 8 persons***

Income limits for families with more than 8 persons are calculated by adding 8% of the 4-person income limit for each additional family member. This is a sample of how to calculate the income limit for a family with 9 persons:

Step 1

|  |  |  |
| --- | --- | --- |
| Multiplier (A) | 4-person income limit (B) | A\*B=C |
| .08 | 51,450 | 4,116 |

Step 2

|  |  |  |
| --- | --- | --- |
| 8% of the 4-person income limit (C) | 8-person income limit (D) | 9-person income limit (C+D) |
| 4,116 | 67,950 | 72,066 |

1. **Family Ethnic and Racial Information**

Check the race and ethnicity that each member of the family identifies with. More than one category may apply to each family.

1. **Family Makeup**

Enter the number of elderly (62 years or older) in family. Enter the number of severely disabled adults in the family. Indicate by checking Yes or No if the head of the family is single regardless of gender.

1. **Date**

Enter the date the form was completed.

1. **Signature of Person Conducting the Interview**

If the survey forms are mailed, this line should be removed. If the survey is done via telephone or face to face, this is the signature of the interviewer.

*Instructions to help communities create a survey are in red italics and should* ***not*** *be included on the survey form.*

**Survey Unique ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*The survey introduction should be customized for the Grantee/Applicant individual circumstances (face-to-face, mail, etc.). A face-to-face interview may include a leave behind introduction or cover letter in lieu of the general information and instructions below.*

Dear Community Resident:

The GRANTEE/APPLICANT is conducting a survey of its citizens to obtain information which will determine our ability to apply for grant funds. If we do not receive an adequate number survey responses, we will not be eligible to apply for this assistance. Your participation in this survey is voluntary.

Please complete **one survey per family** in the household. If there is more than one family in the household, contact CONTACT NAME, TITLE, at CONTACT PHONE NUMBER or CONTACT EMAIL to request additional copies of the survey.

Kindly, return this survey by DUE DATE by Instructions for Returning Survey [e.g., Returning Survey Using a Postage Paid Envelope Provided, and/or Other Method(s)]. Survey data will be collected and compiled by CONTRACTED FIRM NAME OR MUNICIPALITY EMPLOYEE NAME AND TITLE. Survey results will be tabulated in summary form and provided to GRANTEE/APPLICANT officials and the South Dakota Governor’s Office of Economic Development. **Individual responses will be kept strictly confidential**.

**Family Income Range**

* 1. Does more than one family live in this household? A survey should be completed for each family.
  2. Determine the number of individuals in your family and circle that number in the appropriate box below.
  3. Look at the amount of money listed under the family number. Is the total family income above or below the dollar amount listed? (See instructions for calculating income)
  4. Place a check after either “Above” or “Below” to match the appropriate answer in Question 3.

*Use the current Income Limits for your county, as provided on the HUD website at* <https://www.hudexchange.info/resource/5334/cdbg-income-limits/>*, insert the amount in the column, titled Lmi80\_YRp1 through Lmi80\_YRp8 (where YR represents the program year, such as Lmi80\_23p1), in the table below.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| COUNTY NAME County | | | | | | | |
| **Household Size** | **Income Above** | | | **or** | **Income Below** | | **80% of MHI** |
| 1 person: | income is |  | at/above | or |  | below annual income | $ |
| 2 persons: | income is |  | at/above | or |  | below annual income | $ |
| 3 persons: | income is |  | at/above | or |  | below annual income | $ |
| 4 persons: | income is |  | at/above | or |  | below annual income | $ |
| 5 persons: | income is |  | at/above | or |  | below annual income | $ |
| 6 persons: | income is |  | at/above | or |  | below annual income | $ |
| 7 persons: | income is |  | at/above | or |  | below annual income | $ |
| 8 persons: | income is |  | at/above | or |  | below annual income | $ |

Is this residence occupied for at least six months each year?  Yes  No

If not, is this your primary residence?  Yes  No

**Race, Ethnicity, and Family Makeup**

Check the race and ethnicity that each member of the family identifies with. More than one category may apply to each family. Enter the number of elderly (62 years or older) in family. Enter the number of severely disabled adults in the family. Indicate by checking Yes or No if the head of the family is single regardless of gender.

Please note this information will be used for *aggregated analysis purposes* only. We ask you to provide this information voluntarily. If you do not wish to provide the information, you may refuse to do so.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Race (check one):** | | |  | **Ethnicity (check one):** | |
| American Indian or Alaska Native |  | American Indian or Alaskan Native *and*White |  | Hispanic/Latino |  |
| Asian |  | Asian *and* White |  | **Not** Hispanic/Latino |  |
| Black or African-American |  | Black/African American *and*White |  | **Family (check all that apply):** | |
| Native Hawaiian or Other Pacific Islander |  | American Indian/Alaskan Native *and* Black/African-American |  | Single Head of Household |  |
| White |  | Other Multi-Racial |  | 62 or Older |  |
|  |  |  |  | Disabled Adult |  |

Date this Form Was Completed:

Signature of Interviewer: (phone/face-to-face only)