



**Henry County
Community Development Department
Shannan B. Sagnot, Director**



**Needs Assessment Survey
FY 2017 – 2019 Three-Year Consolidated Plan**

Agency Name: _____

Name and Title of Person Completing Survey: _____

Mailing Address: _____

Telephone #: _____ - _____ - _____ E-mail 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, persons with hearing impairments, 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? 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 Henry 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? Attach any statistics, records, or survey results that substantiate this need.

6. Does the agency you represent *develop* housing? Yes_____ No_____

- a. If Yes, 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, 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 initiatives.

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

Thank you for your support and prompt response to this survey and for assisting Henry County in fulfilling its consolidated planning responsibilities. Please return the completed survey by mail or e-mail to the address below.

Henry County Government
Department of Community Development
Attn: Shannan B. Sagnet, Director
140 Henry Parkway
McDonough, Georgia 30523
770-288-7525
ssagnet@co.henry.ga.us