

QUESTION BANK

DEMOGRAPHICS

STATE:	COUNTY:
RESERVATION OR HOMESTEAD:	DISTRICT/COMMUNITY (IF APPLICABLE):
GENDER:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> I choose not to respond <input type="checkbox"/> Other	
ADDITIONAL PERSONAL IDENTIFICATION (SELECT ALL THAT APPLY):	
<input type="checkbox"/> Head of household <input type="checkbox"/> A caretaker for an elder <input type="checkbox"/> Person with disability <input type="checkbox"/> LGBTQIA <input type="checkbox"/> Single parent <input type="checkbox"/> A caretaker for someone with a disability <input type="checkbox"/> Veteran <input type="checkbox"/> None/NA	
RACE/ETHNICITY (SELECT ALL THAT APPLY):	
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian (Tribe: _____) <input type="checkbox"/> Caucasian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Alaska Native (Village: _____) <input type="checkbox"/> Latino or Hispanic <input type="checkbox"/> Other (please specify):	
YEAR YOU WERE BORN, BIRTHDATE, or AGE RANGES:	

AGRICULTURE

PLEASE SPECIFY WHAT TYPE OF PRODUCER YOU ARE AND WHAT PRODUCE AND/OR LIVESTOCK YOU MANAGE:			
<input type="checkbox"/> Farmer	→	<input type="checkbox"/> Beans/Pulses (peas, beans, chickpeas) <input type="checkbox"/> Cereals (wheat, corn, barley) <input type="checkbox"/> Cotton <input type="checkbox"/> Fruit <input type="checkbox"/> Hay/Forage <input type="checkbox"/> Pasture/Grass	<input type="checkbox"/> Root/Tuber (potatoes, yams, etc.) <input type="checkbox"/> Nuts <input type="checkbox"/> Spices <input type="checkbox"/> Sugars/Starches <input type="checkbox"/> Vegetables <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Rancher	→	<input type="checkbox"/> Alpacas <input type="checkbox"/> Elk <input type="checkbox"/> Bison <input type="checkbox"/> Emus <input type="checkbox"/> Cattle: Meat <input type="checkbox"/> Geese <input type="checkbox"/> Cattle: Dairy <input type="checkbox"/> Goats <input type="checkbox"/> Chickens <input type="checkbox"/> Horses <input type="checkbox"/> Donkeys <input type="checkbox"/> Mules	<input type="checkbox"/> Oxen <input type="checkbox"/> Pigs <input type="checkbox"/> Rabbits <input type="checkbox"/> Sheep <input type="checkbox"/> Turkeys <input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Foraged Products	→	Please list: (examples: nuts, plums, chokecherries, timsula, wild onions, mint, etc.)	
<input type="checkbox"/> Gardening	→	Please list: (examples: tomatoes, squash, lettuce, etc.)	
<input type="checkbox"/> Hunting/Fishing	→	Please list: (examples: deer, antelope, elk, moose, whales, seals, salmon, fish, clams, quahogs, etc.)	
<input type="checkbox"/> Forestry/Fishery	→	Please list: (examples: garlic braids, bagged salad mix, lavender soap, sausages, etc.)	
<input type="checkbox"/> Value-Added	→	Please list: (examples: garlic braids, bagged salad mix, lavender soap, sausages, etc.)	
<input type="checkbox"/> Other (please specify):			
RESERVATION OF OPERATIONS (SELECT ALL THAT APPLY):			
<input type="checkbox"/> I live and operate on a reservation	<input type="checkbox"/> I live on a reservation but operate off reservation	<input type="checkbox"/> I live off reservation but operate on a reservation	<input type="checkbox"/> I do not live or operate on a reservation
LAND STATUS (SELECT ALL THAT APPLY):		LAND TYPE (SELECT ALL THAT APPLY):	
<input type="checkbox"/> Lease	<input type="checkbox"/> Own	<input type="checkbox"/> Fee	<input type="checkbox"/> Trust <input type="checkbox"/> Restricted Fee



LAND AMOUNT (ACRES) OPERATED (THIS INCLUDES LEASES, ETC.):							
<input type="checkbox"/> NA	<input type="checkbox"/> 1-9	<input type="checkbox"/> 10-49	<input type="checkbox"/> 50-179	<input type="checkbox"/> 180-499	<input type="checkbox"/> 500-999	<input type="checkbox"/> 1000+	
<input type="checkbox"/> 1,000-4,999	<input type="checkbox"/> 5,000-9,999	<input type="checkbox"/> 10,000-14,999	<input type="checkbox"/> 15,000+				
WHAT WAS YOUR TOTAL GROSS REVENUE ¹ IN 2021 (BEFORE TAXES)?							
<input type="checkbox"/> NA	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$1,000 to \$2,499	<input type="checkbox"/> \$2,500 to \$4,999	<input type="checkbox"/> \$5,000 to \$10,000			
<input type="checkbox"/> \$10,000 to \$24,999	<input type="checkbox"/> \$25,000 to \$49,999	<input type="checkbox"/> \$50,000 to \$99,999	<input type="checkbox"/> \$100,000 to \$150,000	<input type="checkbox"/> \$150,000 to \$199,999	<input type="checkbox"/> \$200,000 to \$249,999	<input type="checkbox"/> \$250,000 to \$299,999	
<input type="checkbox"/> \$300,000+							
WHAT WAS YOUR NET PROFIT ² IN 2021?							
<input type="checkbox"/> NA	<input type="checkbox"/> Less than \$1,000	<input type="checkbox"/> \$1,000 to \$2,499	<input type="checkbox"/> \$2,500 to \$4,999	<input type="checkbox"/> \$5,000 to \$10,000			
<input type="checkbox"/> \$10,000 to \$24,999	<input type="checkbox"/> \$25,000 to \$49,999	<input type="checkbox"/> \$50,000 to \$99,999	<input type="checkbox"/> \$100,000 to \$150,000	<input type="checkbox"/> \$150,000 to \$199,999	<input type="checkbox"/> \$200,000 to \$249,999	<input type="checkbox"/> \$250,000 to \$299,999	
<input type="checkbox"/> \$300,000+							
ON AVERAGE, HOW SATISFIED ARE YOU WITH HOW MUCH NET INCOME YOUR OPERATIONS EARNS?							
<input type="checkbox"/> Very unsatisfied	<input type="checkbox"/> Unsatisfied	<input type="checkbox"/> Neither satisfied nor unsatisfied	<input type="checkbox"/> Satisfied	<input type="checkbox"/> Very satisfied			
YEARS THAT YOU HAVE OWNED/OPERATED THIS ESTABLISHMENT:							
<input type="checkbox"/> 2 years or less	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5-9	<input type="checkbox"/> 10-15				
<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-30	<input type="checkbox"/> 31+					
	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE		
The Tribe should spend money on providing locally produced food for our Tribal Members.							
I would spend more money for locally grown foods.							
IF YOU CURRENTLY USE EBT, DO YOU USE YOUR EBT TO PURCHASE HEALTHY, LOCALLY MADE FOODS?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
IN YOUR OPINION, WHY AREN'T MORE HEALTHY, AFFORDABLE FOODS AVAILABLE IN OUR COMMUNITIES?							
CHECK ALL THAT APPLY.							
PEOPLE IN MY HOME...	DAILY	WEEKLY	MONTHLY	SEASONALLY			
Gather plants				<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Fish				<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Hunt				<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Grow plants for food				<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Raise animals for food				<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall

PERSONAL FINANCIAL WELL-BEING					
DO YOU CURRENTLY HAVE A SAVINGS ACCOUNT?			DO YOU CURRENTLY HAVE A CHECKING ACCOUNT?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
WHAT IS YOUR TOTAL DEBT/LIABILITIES?					
<input type="checkbox"/> NA	<input type="checkbox"/> Up to \$4,999	<input type="checkbox"/> \$5,000 to \$9,999	<input type="checkbox"/> \$10,000 to \$24,999	<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$50,000 to \$99,999
<input type="checkbox"/> \$50,000 to \$99,999	<input type="checkbox"/> \$100,000 to \$149,999	<input type="checkbox"/> \$150,000- \$249,999	<input type="checkbox"/> \$250,000 to \$349,999	<input type="checkbox"/> \$350,000+	

¹ In simple terms, revenue is the money earned through sales, services and other means. If you sell a sandwich for \$5, your current gross revenue is \$5, with the term gross meaning the total amount before subtracting such things as the cost of the meat, bread and staff to make and serve the sandwich.

² Net profit represents the number of sales dollars remaining after all operating expenses, interest, taxes and dividends have been deducted from a company's total revenue.



WHAT IS YOUR HOUSEHOLD INCOME FROM ALL SOURCES?

NA
 Up to \$4,999
 \$5,000 to \$9,999
 \$10,000 to \$24,999
 \$25,000 to ∞

\$50,000 to \$99,999
 \$100,000 to \$149,999
 \$150,000- \$249,999
 \$250,000 to \$349,999
 \$350,000+

PLEASE SCALE YOUR CURRENT LEVEL OF KNOWLEDGE REGARDING THE FOLLOWING.

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR	AGREE	STRONGLY AGREE
I share my financial knowledge with my children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My children understand the importance of good credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My children understand the importance of a financial plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW WOULD YOU RATE YOUR CREDIT SCORE?

Poor
 Fair
 Good
 Very good
 Exceptional
 I don't know
 I don't have credit

CAPITAL ACCESS

IN THE PAST FIVE YEARS HAVE YOU UTILIZED...(SELECT ALL THAT APPLY)

Payday loans
 Pawn shop
 Friend/family loans
 Check cashing
 Car title loans
 Contractor loans or other loans from a place that is not a bank, credit union, or

HAVE YOU APPLIED FOR A LOAN IN THE PAST FIVE YEARS?

Yes → Were you approved for the loan?
 Yes
 No
 I don't know

No → If no, how confident do you feel in your ability to apply for and receive a loan?
 Very confident
 Confident
 Neither confident nor unconfident
 Unconfident
 Very unconfident

WHAT SOURCES OF CAPITAL HAVE YOU ACCESSED?

Bank Loan
 CDFI Loan
 Grant
 Private Investment
 IDA
 None

HOW SATISFIED ARE YOU WITH THESE SOURCES OF CAPITAL? (E.G. LOAN TERMS, INTEREST RATES, STAFF, SERVICES AND SUPPORT OFFERED, ETC.)

Very unsatisfied
 Unsatisfied
 Neither satisfied nor unsatisfied
 Satisfied
 Very satisfied

What did you like/dislike about these programs? (for example: application process, staff, services and support offered, etc.)

PLEASE SELECT ANY OF THE INTEREST RATES YOU CURRENTLY HAVE FOR ALL OF YOUR LOANS:

0%
 1-2%
 3-4%
 5-6%
 7-8%
 9-10%
 11-14%
 15-19%
 20%+

OVERALL, DO YOU FEEL LIKE THE LENGTH/TERM(S) OF YOUR LOAN(S) ARE SUFFICIENT ENOUGH TO PAY THEM OFF?

Yes
 No



BUSINESS/ENTREPRENEURSHIP		
ARE YOU A BUSINESS OWNER?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TYPE OF BUSINESS YOU CURRENTLY OWN:		
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Information <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Real Estate Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services	<input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Other (please specify): _____
IS THIS BUSINESS PRIVATELY OR TRIBALLY OWNED?		
<input type="checkbox"/> Private	<input type="checkbox"/> Tribal	<input type="checkbox"/> Both
BUSINESS STRUCTURE:		
<input type="checkbox"/> Sole Proprietorship ³	<input type="checkbox"/> Partnership ⁵	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Corporation ⁴	<input type="checkbox"/> Limited Liability Corporation ⁶	
LAST YEAR'S ANNUAL REVENUE:		
<input type="checkbox"/> NA	<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$25,001-\$50,000
<input type="checkbox"/> \$250,001-\$500,000	<input type="checkbox"/> \$500,001-\$750,000	<input type="checkbox"/> \$750,001-\$1 million
		<input type="checkbox"/> \$50,001-\$100,000
		<input type="checkbox"/> \$100,001-\$250,000
DOES THE BUSINESS HAVE:		
<input type="checkbox"/> Business Checking	<input type="checkbox"/> Business Savings Account	<input type="checkbox"/> Business Budget → what is their current budget? \$
SATISFIED WITH AMOUNT OF INCOME PROVIDED FOR THEIR HOUSEHOLD.		
<input type="checkbox"/> Not at all	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Moderately
		<input type="checkbox"/> Very satisfied
		<input type="checkbox"/> Extremely
		<input type="checkbox"/> Not applicable
TOTAL EMPLOYEES:		
DO YOU WANT TO START A NEW BUSINESS?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TYPE OF BUSINESS YOU WANT TO START:		
<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Mining <input type="checkbox"/> Utilities <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade	<input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Information <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Real Estate Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Administrative & Support & Waste Management & Remediation Services	<input type="checkbox"/> Educational Services <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Other (please specify): _____
DESCRIBE YOUR BUSINESS IDEA:		

³ A sole proprietorship, also known as the sole trader or simply a proprietorship, is a type of business entity that is owned and run by one natural person and in which there is no legal distinction between the owner and the business.

⁴ A corporation (sometimes referred to as a C corporation) is an independent legal entity owned by shareholders. This means that the corporation itself, not the shareholders that own it, is held legally liable for the actions and debts the business incurs.

⁵ A partnership is a single business where two or more people share ownership. Each partner contributes to all aspects of the business, including money, property, labor or skill. In return, each partner shares in the profits and losses of the business.

⁶ A *limited liability company* is a hybrid type of legal structure that provides the *limited liability* features of a corporation and the tax efficiencies and operational flexibility of a partnership. The "owners" of an LLC are referred to as "members."



SELECT ANY OF THESE AREAS THAT YOU WOULD LIKE ASSISTANCE/TRAINING:

- | | | |
|--|---|--|
| <input type="checkbox"/> Developing a business plan | <input type="checkbox"/> Adding more products (ex. agrotourism, value-added products, etc.) | <input type="checkbox"/> Cultural revitalization and/or food sovereignty practices |
| <input type="checkbox"/> Marketing/outreach, including accessing other markets | <input type="checkbox"/> Strategic growth and planning for the future | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Budgeting/business financials | <input type="checkbox"/> Sustainability, climate change, & conservation planning | |

WHAT RESOURCES WOULD YOU UTILIZE TO HELP YOU WITH YOUR GOALS (SELECT ALL THAT APPLY)? *

- | | | |
|--|---|---|
| <input type="checkbox"/> Finance/Funding Opportunities | <input type="checkbox"/> Technical Assistance | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Workshops/Training | <input type="checkbox"/> Conservation/Natural Resources | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Marketing Support | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other (please specify): |

WHAT ORGANIZATIONS (OR PEOPLE) IN THE AREA EDUCATE OTHER PEOPLE ON STARTING THEIR OWN BUSINESS OR HELP BUSINESSES SUCCEED?

WHAT TYPES OF SERVICES DO THEY PROVIDE (E.G. ACCOUNTING, CUSTOMER SERVICE TRAININGS, ETC.)?

WHAT IS NEEDED TO CREATE A SUCCESSFUL BUSINESS ENVIRONMENT ON THE RESERVATION? BE SPECIFIC.

IF A BUSINESS START-UP AND DEVELOPMENT CENTER WERE CREATED TOMORROW, AND IT COULD ONLY HAVE 3 ROOMS/SPACES, WHAT SHOULD THEY BE?

CHOOSE ONLY 3

- | | |
|--|--|
| <input type="checkbox"/> Call Center | <input type="checkbox"/> Private Office Space to Rent |
| <input type="checkbox"/> Creative Art Space(s)/Maker Space | <input type="checkbox"/> Public/Cooperative/Shared Workspace |
| <input type="checkbox"/> Commercial Kitchen | <input type="checkbox"/> Retail Space to Buy |
| <input type="checkbox"/> Computer Room | <input type="checkbox"/> Retail Space to Rent |
| <input type="checkbox"/> Elder Room | <input type="checkbox"/> Storage Space to Rent |
| <input type="checkbox"/> Gallery Space for Art | <input type="checkbox"/> Training Room/Classroom |
| <input type="checkbox"/> Library | <input type="checkbox"/> Walk Path/Bike Path |
| <input type="checkbox"/> Market Space for Artists and Crafters | <input type="checkbox"/> Weight Equipment Room |
| <input type="checkbox"/> Outdoor Workspace | <input type="checkbox"/> Workout Room (Yoga, Zumba, Pilates, etc.) |
| <input type="checkbox"/> Portable Stores/Food Trucks | <input type="checkbox"/> Youth Room |
| <input type="checkbox"/> Private Office Space to Buy | <input type="checkbox"/> Other (please specify): _____ |

IF YOU WANT TO EXPLAIN YOUR ANSWERS, PLEASE EXPLAIN THEM HERE:



IF A BUSINESS START-UP AND DEVELOPMENT CENTER WERE CREATED TOMORROW, AND IT COULD ONLY HAVE 3 SERVICES/PROGRAMS, WHAT SHOULD THEY FOCUS ON?

CHOOSE ONLY 3

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping/Business Taxes | <input type="checkbox"/> General Marketing Plan Development and Improvement |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Human Resources (Managing employees/Working with others) |
| <input type="checkbox"/> Art Education/Classes/Trainings | <input type="checkbox"/> Indigenous Lifeways (Ways of doing, ways of believing, ways of being) |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Legal/Paralegal Workshops |
| <input type="checkbox"/> Business Networking Support/Training | <input type="checkbox"/> Professional Development Workshops (Resume writing, interview practice, prep for workforce, etc.) |
| <input type="checkbox"/> Business Plan Development | <input type="checkbox"/> Nonprofit Start-up and Management Services |
| <input type="checkbox"/> Coaching/Support for Business Implementation | <input type="checkbox"/> Redesign Business for New Market |
| <input type="checkbox"/> Coaching/Support for Personal Finances/Credit/Budgeting/Saving/Personal Taxes | <input type="checkbox"/> Retail Space Rental Program |
| <input type="checkbox"/> Computer/Technology Training/Support | <input type="checkbox"/> Small Business Lending |
| <input type="checkbox"/> Connection to a Funding Source for Start-up/Expansion | <input type="checkbox"/> Social Media Marketing |
| <input type="checkbox"/> Cooking and Food Preparation | <input type="checkbox"/> Transportation Services and Assistance (Work-related) |
| <input type="checkbox"/> Counseling and Therapeutic Services | <input type="checkbox"/> Tourism and Hospitality Services (E.g. Art and culture tours, ag-tourism, eco-tourism) |
| <input type="checkbox"/> Customer Service Trainings | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Day Labor Program | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Daycare for Development Center Participants' Children | |
| <input type="checkbox"/> Expansion Plan Development for a Current Business | |

HOUSING/HOMEOWNERSHIP

WHO DO YOU CURRENTLY LIVE WITH?

- | | |
|--|--|
| <input type="checkbox"/> Just myself | <input type="checkbox"/> Other relatives |
| <input type="checkbox"/> Myself and immediate family (partner and/or children) | <input type="checkbox"/> Other (please specify): _____ |

HOW MANY PEOPLE LIVE IN YOUR HOUSE (INCLUDING YOURSELF)?

_____	_____	_____
# of Adults 62 or Over	# of Adults 18-61	# of Youth and Children Under 18

HOW MANY TOTAL FAMILIES CURRENTLY LIVE IN YOUR HOME? (MANY OF OUR HOMES HAVE MULTI-GENERATIONAL FAMILIES LIVING IN ONE HOME. FOR EXAMPLE, A FAMILY WOULD BE AN INDIVIDUAL OR FAMILY, AGE 18 OR OLDER, WHO IS NO LONGER A DEPENDENT. THE ONLY EXCEPTION IS A MINOR CHILD WHO LIVES IN A HOME AND HAS DEPENDENTS WHO RELY ON THEM FOR SUPPORT.)

DOES YOUR HOME HAVE THE SPACE TO MEET THE NEEDS OF EVERYONE LIVING THERE? (FOR EXAMPLE, DOES THE SIZE OF YOUR HOME ALLOW EVERYONE TO SLEEP COMFORTABLY, STUDY FOR SCHOOL, AND EAT AS A FAMILY?)

- Yes No

IN THE PAST YEAR, HAVE ANY OF THE MEMBERS IN YOUR HOME STAYED IN A PLACE THAT IS NOT A **REGULAR OR PERMANENT PLACE TO STAY, SUCH AS SHELTERS, IN A CAR, OR IN AN ABANDONED BUILDING?**

- Yes → If yes, how many people?

Why can't those people find housing (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> Desire to be with relatives | <input type="checkbox"/> Lack of housing |
| <input type="checkbox"/> Economic hardship | <input type="checkbox"/> Lack of available land |
| <input type="checkbox"/> Lack of caretakers (youth) | <input type="checkbox"/> Other (please specify): _____ |

- No

PLEASE DESCRIBE YOUR CURRENT LIVING SITUATION:

- I rent
- I own but still pay a mortgage
- I own and the mortgage is paid off
- I stay with someone. I would be homeless if they did not provide this place for me to stay.



WHAT TYPE OF HOUSE DO YOU CURRENTLY LIVE IN?					
<input type="checkbox"/> Apartment or multi-family housing	<input type="checkbox"/> Supportive housing (housing that is provided by other agencies or resources)				
<input type="checkbox"/> Single family home	<input type="checkbox"/> Temporary housing				
<input type="checkbox"/> Modular or mobile home	<input type="checkbox"/> Tiny home				
<input type="checkbox"/> Singlewide	<input type="checkbox"/> Other (please specify):				
<input type="checkbox"/> Doublewide					
HOW MANY TOTAL BEDROOMS, WITH A DOOR, ARE IN YOUR HOUSEHOLD?					
SELECT ALL THE ITEMS IN YOUR CURRENT HOME AND IDENTIFY WHETHER OR NOT THEY FUNCTION PROPERLY:					
<input type="checkbox"/> Hot and cold running water	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> A flush toilet	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> A bathtub or shower	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> A sink or faucet	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> A stove or range	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> A refrigerator	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Heat	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Air condition	This functions properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
I FEEL MY HOME WILL NEED REHAB, MAINTENANCE, OR REPAIRS IN THE NEXT...					
<input type="checkbox"/> 0-1 year	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> 11-15 years	<input type="checkbox"/> 16+ years	
DO YOU FEEL YOU WILL BE ABLE TO AGE COMFORTABLY IN THIS HOME?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
WOULD YOU PREFER A DIFFERENT HOME?					
<input type="checkbox"/> Yes	→ If yes, what kind of home would help you sustain your current or future living situation?				
	<input type="checkbox"/> Apartment or multi-family housing	<input type="checkbox"/> Temporary housing			
	<input type="checkbox"/> Single family home	<input type="checkbox"/> Tiny home			
	<input type="checkbox"/> Modular or mobile home	<input type="checkbox"/> Other (please specify):			
	<input type="checkbox"/> Supportive housing				
<input type="checkbox"/> No					
PLEASE SELECT THE OPTION THAT BEST DESCRIBES YOUR THOUGHTS ABOUT EACH STATEMENT. (1="Not at all", 2="Rarely", 3="Sometimes", 4="Most of the time", 5="Always")					
	Not at all	Rarely	Sometimes	Most of the time	Always
This area is a safe place for a family.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I live in stable housing that is affordable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I love my home.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

NATIVE WELLNESS, KNOWLEDGE, & EXPERIENCE	
HOW MANY TIMES PER WEEK ARE YOU PHYSICALLY ACTIVE (GO FOR A WALK, WORKOUT, RIDE BIKE, PLAY SPORTS, ETC.)?	
<input type="checkbox"/> 1-2 times a week	<input type="checkbox"/> 3-4 times a week
<input type="checkbox"/> 5-6 times a week	<input type="checkbox"/> More than 6 times a week
WHAT ARE THE HEALTH CARE NEEDS OR CONCERNS OF YOU AND YOUR FAMILY?	



WHAT TYPES OF HEALTH AND WELLNESS TOPICS ARE YOU INTERESTED IN TRYING/LEARNING MORE ABOUT? PLEASE SELECT ALL THAT APPLY.

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Cultural identity | <input type="checkbox"/> Empowerment |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Healthy lifestyle choices | <input type="checkbox"/> Self-esteem building |
| <input type="checkbox"/> Emotional health | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Body image issues |
| <input type="checkbox"/> Spiritual/Cultural health | <input type="checkbox"/> Diabetes prevention | <input type="checkbox"/> Healthy coping mechanisms |
| <input type="checkbox"/> Professional health | <input type="checkbox"/> Traditional values | <input type="checkbox"/> Positivity |
| <input type="checkbox"/> Healthy eating | <input type="checkbox"/> Healthy relationships | <input type="checkbox"/> Productive energy outlets |
| <input type="checkbox"/> Proper exercise | <input type="checkbox"/> Sexuality | <input type="checkbox"/> Planning for the future |
| <input type="checkbox"/> Cultural trauma & healing | <input type="checkbox"/> Decision making | <input type="checkbox"/> Other (please explain): _____ |

HUMAN SERVICES AND SUPPORT

GROUP ONE: BUSINESS AND COMMERCIAL SPACES

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|--------------------|----------------------------------|---------------------------------|
| • Farmers Market | • Coffee Shop | • Accessible Loans |
| • Cultural Market | • Professional Services Building | • Cultural/Visitors Center |
| • Art Retail Space | • Workspaces/Office Spaces | • Other (please explain): _____ |
| • Smoke Shop | • Emergency Assistance | |

GROUP TWO: SERVICES

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|---|---|---------------------------------|
| • Business Development and Start-up Center/Business Incubator | • A Family Center (recovery, counseling, gatherings, parenting, etc.) | • Private Transportation |
| • Elders' Center | • Treatment Center/Detox | • American Indian Library |
| • Veterans' Center | • American Indian Fost Care Network | • Computer Lab |
| • Public Transportation | • Increased Routes in Public Transportation | • Other (please explain): _____ |
| • Individual, Youth, and/or Family Counseling | | |

GROUP THREE: EDUCATION AND CULTURAL SPACES

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|----------------------------------|------------------------------------|---------------------------------|
| • Community Gathering Space | • Traditional Arts & Crafts Center | • American Indian Youth Center |
| • Powwow Grounds | • Native American Church | • Other (please explain): _____ |
| • Sweat Lodge & Ceremony Space | • Teaching Kitchen | |
| • Vo-Tech School | • Immersion School | |
| • Workforce & Career Development | • Immersion Child Care/Head Start | |



GROUP FOUR: SITE ELEMENTS

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|-----------------------|------------------------------------|------------------------------------|
| • Statues/Other Art | • Horse Pasture | • Covered Parking |
| • Commons/Plaza Space | • Fenced in Dog Park | • Park & Ride |
| • Community Garden | • Small Livestock | • Bus Stop |
| • Tree Areas | • Raised Wetlands Path | • Other (please explain):
_____ |
| • Agricultural Fields | • Landscaping | |
| • Berries/Fruits | • Medicinal and Traditional Plants | |

GROUP FIVE: ENTERTAINMENT AND RECREATION

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|------------------------------|---|---|
| • Traditional Dancing Spaces | • Indoor Gymnasium for Native American youth recreational programs/sports | • Rodeo Grounds |
| • Video Games | • Boxing Arena | • Art Studios (beading, quilting, sewing, painting, etc.) |
| • Shooting/Archery Range | • Art/Graffiti Park | • Other (please explain):
_____ |
| • Bowling Alley | | |

GROUP SIX: RESIDENTIAL/FACILITY/SHELTER

SELECT 3 THAT YOU BELIEVE WOULD MOST SUPPORT AMERICAN INDIANS IN YOUR AREA.

RANK YOUR TOP 3

From the list below, write in your TOP 3 choices:

FIRST CHOICE: _____ **SECOND CHOICE:** _____ **THIRD CHOICE:** _____

- | | | |
|---|---|---|
| • Elder Assisted Living/Senior Care Facility | • Detox/Rehab Facility | • Homeless (emergency) Shelter for Youth & Families & Elders Without Felonies |
| • Permanent Supportive Housing for Youth & Families | • General Homeless Shelter | • Other (please explain):
_____ |
| • Veterans' Housing | • Youth Shelter | |
| • Visitor Bunk Houses | • Women's Shelter | |
| • Visitor Campgrounds | • Transitional (temporary) Housing for Youth & Families & Elders Without Felonies | |

ARTISTS, ART AND INDIGENOUS LIFEWAYS CLASSES

DO YOU CONSIDER YOURSELF AN ARTIST? Yes No

If yes, what type of artist are you (select all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Original Artist (original art creations) | <input type="checkbox"/> Performance Artist |
| <input type="checkbox"/> Reproduction Artist (reproducing existing art) | <input type="checkbox"/> Singing Artist |
| <input type="checkbox"/> Craftsmen Artist | <input type="checkbox"/> Other (please specify): _____ |

If yes, what type of products do you make (select all that apply)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Regalia | <input type="checkbox"/> Buffalo hide painting | <input type="checkbox"/> Music |
| <input type="checkbox"/> Star quilts | <input type="checkbox"/> Buffalo skull painting | <input type="checkbox"/> Dance videos |
| <input type="checkbox"/> Jewelry | <input type="checkbox"/> Graphic art | <input type="checkbox"/> Instructional videos (e.g., "how to bead") |
| <input type="checkbox"/> Painting on various materials | <input type="checkbox"/> Ledger art | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Painting murals | <input type="checkbox"/> Crafts | |



