



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
START SMART INITIATIVE APPLICATION: LMI SURVEY INSTRUMENT

(MUST BE SUBMITTED WITH APPLICATION IF SURVEY CONDUCTED)

<p>THE CITY/COUNTY OF _____ IS CONDUCTING A SURVEY TO DETERMINE THE NEED FOR THE IMPROVEMENTS IN PUBLIC FACILITIES, HOUSING, AND SERVICES. SOME OF THE IMPROVEMENT PROJECTS MAY BE ELIGIBLE FOR FEDERAL FUNDING. THIS SURVEY IS AN ELIGIBILITY REQUIREMENT FOR SUCH FUNDING. YOUR SURVEY ANSWERS WILL BE KEPT CONFIDENTIAL.</p>					
<p>1. PLEASE INDICATE THE NUMBER OF FAMILIES (PERSONS RELATED BY BIRTH, MARRIAGE, OR ADOPTION) LIVING AT THIS ADDRESS (AN UNRELATED INDIVIDUAL IS CONSIDERED A ONE-PERSON FAMILY, WHETHER LIVING ALONE OR WITH ANOTHER FAMILY).</p>					
NUMBER OF FAMILIES:			TOTAL NUMBER OF PERSONS:		
2. HOW MANY IN EACH FAMILY:		#1	#2	#3	
<p>3. FOR EACH FAMILY INDICATED ABOVE, PLEASE CHECK WHETHER YOUR TOTAL FAMILY INCOME IS ABOVE, BETWEEN, OR BELOW THE INCOME FIGURES PROVIDED FOR YOUR FAMILY SIZE.</p>					
Family Size	Income Limits			FAMILY #1	FAMILY #2
	A (30%)	B (50%)	C (80%)		
1	_____ TO _____	_____ TO _____	_____	FAMILY SIZE: _____ <input type="checkbox"/> Income Above Column C <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income below Column A	FAMILY SIZE: _____ <input type="checkbox"/> Income Above Column C <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income below Column A
2	_____ TO _____	_____ TO _____	_____		
3	_____ TO _____	_____ TO _____	_____		
4	_____ TO _____	_____ TO _____	_____		
5	_____ TO _____	_____ TO _____	_____		
6	_____ TO _____	_____ TO _____	_____		
7	_____ TO _____	_____ TO _____	_____		
8	_____ TO _____	_____ TO _____	_____		
<p>4. HOW MANY PERSONS AT THIS ADDRESS ARE:</p>					
FEMALE HEADS OF HOUSEHOLD?			CHILDREN AGE SIX YEARS AND UNDER?		
OVER THE AGE OF 62?			HANDICAPPED/DISABLED?		
<p>5. TO HELP DETERMINE THE POPULATION CHARACTERISTICS OF THE PROJECT AREA, PLEASE INDICATE THE NUMBER OF PERSONS AT THIS ADDRESS THAT ARE:</p>					
HISPANIC OR LATINO:					
NOT HISPANIC OR LATINO:					
<p>6. TO FURTHER HELP DETERMINE THE POPULATION CHARACTERISTICS OF THE PROJECT AREA, PLEASE INDICATE THE NUMBER OF PERSONS AT THIS ADDRESS THAT ARE:</p>					
WHITE:			ASIAN & WHITE:		
BLACK/AFRICAN AMERICAN:			BLACK/AFRICAN AMERICAN & WHITE:		
ASIAN:			AM. INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AM.:		
AMERICAN INDIAN/ALASKAN NATIVE:			ASIAN & NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:		
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER:			ALL OTHERS:		
AMERICAN INDIAN/ALASKAN NATIVE & WHITE:					
7. DATE:		SIGNATURE (OPTIONAL):			

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
START SMART INITIATIVE APPLICATION: SURVEY TABULATION SHEET

(MUST BE SUBMITTED WITH APPLICATION, IF SURVEY CONDUCTED)

FAMILY SIZE	LMI		NON-LMI		TOTAL	
	FAMILIES	PERSONS	FAMILIES	PERSONS	FAMILIES	PERSONS
ONE PERSON						
TWO PERSONS						
THREE PERSONS						
FOUR PERSONS						
FIVE PERSONS						
SIX PERSONS						
SEVEN PERSONS						
EIGHT PERSONS						
TOTAL						
1. NUMBER OF SURVEYS DISTRIBUTED:						
2. NUMBER OF SURVEYS RETURNED:						
3. SURVEY RESPONSE RATE (2 DIVIDED BY 1):						
4. LMI PERCENT FROM SURVEY:			FAMILIES:		PERSONS:	
5(a). DATA FROM SURVEY (EXTRAPOLATE TO 100%):						
A. HISPANIC OR LATINO:			PERCENT:		NUMBER:	
B. NOT HISPANIC OR LATINO:			PERCENT:		NUMBER:	
5(b). DATA FROM SURVEY (EXTRAPOLATE TO 100%):						
					TOTAL	HISPANIC
A. WHITE:			PERCENT:		NUMBER:	
B. BLACK/AFRICAN AMERICAN:			PERCENT:		NUMBER:	
C. ASIAN:			PERCENT:		NUMBER:	
D. AMERICAN INDIAN /ALASKA NATIVE			PERCENT:		NUMBER:	
E. NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			PERCENT:		NUMBER:	
F. AMERICAN INDIAN/ALASKAN NATIVE & WHITE			PERCENT:		NUMBER:	
G. ASIAN/WHITE			PERCENT:		NUMBER:	
H. BLACK/AFRICAN AMERICAN & WHITE			PERCENT:		NUMBER:	
I. AM. INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AM			PERCENT		NUMBER	
J. ASIAN & NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			PERCENT		NUMBER	
K. OTHER MULTI-RACIAL			PERCENT		NUMBER	
L. ELDERLY/AGE 62 OR OLDER			PERCENT		NUMBER	
M. HANDICAPPED/DISABLED			PERCENT		NUMBER	
N. FEMALE HEAD OF HOUSEHOLD			PERCENT		NUMBER	
NOTE: PERSONS FALLING WITHIN CATEGORIES A,B, AND C SHOULD ALSO BE COUNTED IN CATEGORIES D THROUGH H.						
6. DISCUSS, IN DETAIL, THE SURVEY METHODOLOGY. CONDUCTED BY WHOM? WHEN? HOW WAS THE SURVEY CONDUCTED? METHOD OF CODING, ABSENTEES, ETC.? (USE REVERSE SIDE OR ATTACH ADDITIONAL SHEET IF NECESSARY.)						
7. HOW MANY LMI HOUSEHOLDS IN THE PROJECT AREA HAVE INDICATED IN WRITING THEIR INTENT TO PARTICIPATE IN THIS PROPOSED PROJECT? Persons _____ Households _____						