Survey Tabulation Form

**(A COPY OF THIS FORM MUST BE SUBMITTED TO ADOH FOR CONFIRMATION OF VALIDITY)**

**APPLICANT**      **Survey Area Name:**

**Read instructions before completing this form.**

|  |  |
| --- | --- |
| **(1) NUMBER OF HOUSEHOLDS TO RECEIVE PROJECT BENEFITS** |  |
| **(2) NUMBER OF HOUSEHOLDS CONTACTED** |  |
| **(3) NUMBER OF HOUSEHOLDS RESPONDING TO THE SURVEY** |  |
| **(4) SURVEY RESPONSE RATE [=(3) DIVIDED BY (2)] =** **which =** | **%** |

**BREAKDOWN OF SURVEY RESPONSES BY FAMILY SIZE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(5)** | **(6)** | | **(7)** | | **(8)** | | | **(9)** | | **(10)** |
| **FAMILY**  **SIZE** | **NUMBER OF**  **RESPONSES** | | **NUMBER OF**  **LOW/MOD**  **RESPONSES** | | **NUMBER OF**  **NON LOW/MOD**  **RESPONSES** | | | **NUMBER OF**  **LOW/MOD**  **PERSONS** | | **NUMBER OF**  **NON/LOW MOD**  **PERSONS** |
| 1 person |  |  | |  |  |  |  |  |  |  |
| 2 people |  |  | |  |  |  |  |  |  |  |
| 3 people |  |  | |  |  |  |  |  |  |  |
| 4 people |  |  | |  |  |  |  |  |  |  |
| 5 people |  |  | |  |  |  |  |  |  |  |
| 6 people |  |  | |  |  |  |  |  |  |  |
| 7 people |  |  | |  |  |  |  |  |  |  |
| 8 people |  |  | |  |  |  |  |  |  |  |
| 9 people |  |  | |  |  |  |  |  |  |  |
| 10 people |  |  | |  |  |  |  |  |  |  |
| **TOTALS** |  |  | |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **(11)** | **TOTAL PERSONS SURVEYED = TOTAL OF (9) + TOTAL OF (10) =** |  |
| **(12)** | **LOW/MOD PERCENTAGE = TOTAL OF (9) DIVIDED BY (11) =** |  |
| **(13)** | **SURVEY AVERAGE FAMILY SIZE = (11) DIVIDED BY TOTAL OF (6) =** |  |
| **(14)** | **NUMBER OF HOUSEHOLDS NOT SURVEYED = (1) MINUS (3)** |  |
| **(15)** | **NUMBER OF BENEFICIARIES NOT SURVEYED = (13) X (14) =** |  |
| **(16)** | **LOW/MOD BENEFICIARIES NOT SURVEYED = (12) X (15) =** |  |
| **(17)** | **TOTAL BENEFICIARIES = (11) + (15) =** |  |
| **(18)** | **TOTAL LOW/MOD BENEFICIARIES = TOTAL OF (9) + (16) =** |  |

Certification: I, [Typed Name], in my capacity as [Title] for this jurisdiction, certify that the information in this report and the survey questionnaires is correct to the best of my knowledge and was reported in accordance with the accompanying instructions.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: [Street Number, City, State, Zip]

Phone number: [ area code and phone #] Date: [month, day, year]

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**INSTRUCTIONS FOR COMPLETING THE SURVEY TABULATION FORM**

1. Fill in the number of households that will receive project benefits.
2. Fill in the number of households contacted. (A contact occurs when an interviewer knocks on the door, a letter is sent to an address, or a phone dialed and found to be in working order even if no one answers.)
3. Fill in the number of households/families where a response to the survey was received.
4. Calculate the Survey Response Rate by dividing the number of households/families responding to the survey by the number of households/families contacted. The result must be at least 75%.
5. Sort the survey responses by the family size of the respondents.
6. Count the number of responses received for each family size and fill in Column (6).
7. Sort the responses for each family size according to whether or not the household/family was of low/moderate income.
8. Fill in Columns (7) and (8) for each family size.
9. Complete Columns (9) and (10) for each family size by making the following calculations:
   * 1. Family Size X Column (7) = Column (9)
     2. Family Size X Column (8) = Column (10)
     3. Example: Sixty responses are received from families having a family size of three persons. Forty of these families were of low/moderate income and twenty families had higher incomes. For families with a family size of three the calculations would be:
     4. 3 X 40 = 120 low/moderate income persons
     5. 3 X 20 = 60 non-low/moderate income persons
     6. Complete these calculations for each family size surveyed.
   1. 10. Add Columns (6), (7), (8), (9), and (10) from top to bottom and enter the sums on the TOTALS line.
10. 11.-18. Follow arithmetic computations indicated for each line item.

Certification: The person responsible for the validity of the Special Survey must review and sign the form. The person signing the Survey Tabulation Form may be contacted by ADOH concerning the results. Please include the name, title, address, phone number and the date the tabulation form was completed.

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