

Gila River Indian Community Office of Emergency Management

2024 Hazard Mitigation Plan Update

Community Questionnaire

The GRIC Office of Emergency Management (OEM) is leading an effort to update the 2014 Hazard Mitigation Plan (HMP). The purpose of the Plan is to better understand the natural hazards that pose a threat to the area and develop actions that reduce the risk associated with these hazards. This survey was designed so that you can provide your opinion on community and business disaster preparedness and identify actions that could reduce risk and loss from natural hazards. The information you provide will help prioritize and/or validate community risk reduction activities.

Questions (provide your opinion)

1. In the past **20 years** have you or someone you know experienced a natural disaster which resulted in **loss of property or negative impacts**? Check one: Yes No

- a. If yes, which of these natural disasters have you or someone you know experienced?

Hazard	Check Yes or No
Drought	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive/Extreme Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Winds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wildfire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. In the past **5 years** have you or someone you know experienced a natural disaster which resulted in **loss of property or negative impacts**? Check one: Yes No

- a. If yes, which of these natural disasters have you or someone you know experienced?

Hazard	Check Yes or No
Drought	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excessive/Extreme Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No
Severe Winds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wildfire	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Please Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. If the loss was to property, did the repair or replacement cost exceed \$2,500?

Check one: Yes No

4. Did the impact result in any injuries requiring medical attention, or worse, to you or your household? Check one: Yes No

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5. In your opinion, please select a level for the following hazards which would or may **cause damage to buildings, trees, vehicles.**

Check only one box for each hazard.

Hazard	Very High	High	Medium	Low	Very Low
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive/Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Winds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildfire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. In your opinion, please select a level for the following hazards which would will or may cause **personal harm or injury to you or someone within your community.**

Check only one box for each hazard.

Hazard	Very High	High	Medium	Low	Very Low
Drought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive/Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flooding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Winds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wildfire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please provide the District or zip code in which you live: _____.

8. Are you aware that the Gila River Indian Community has a hazard mitigation plan — a plan that is written to guide how each community will lower its risk and exposure to natural disasters?
Check one: Yes No

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9. What types of projects should the Community focus on to reduce hazard impacts? (Please rank each option on a scale of 1 to 5, with 1 being least favorable and 5 being the most favorable).

- _____ Structure/Infrastructure Improvements (culverts, bridges, channels, levees, etc.)
- _____ Critical Facility Upgrades (flood protection, backup generators, fire buffers, relocation)
- _____ Public Education and Outreach (digital outreach, newsletters, information booths, social media, etc.)
- _____ Environmental Protection of Natural Buffers (for example, open space in a floodplain)
- _____ Regulatory Standards, Building Codes, and/or Strategic Plans
- _____ Other (please specify) _____

10. What is the most effective way for you to receive information about how to protect your family and prepare your home for hazard events? (Please rank each option on a scale of 1 to 5, with 1 being least favorable and 5 being the most favorable).

- | | |
|------------------|--|
| _____ Television | _____ Public Meetings / Workshops |
| _____ Radio | _____ Fair/Show Booths |
| _____ Newspapers | _____ Webinars |
| _____ Websites | _____ Social Media (Facebook, Twitter, NextDoor) |
| _____ Mailers | |
| _____ Email | |

11. You know better than most what hazards affect your home, neighborhood, and community and as your local government, we want to do our best to work with you to mitigate those hazards. What else do you think we should know?

12. Do you have additional comments?

Please return completed forms to:

<p>Mailing Address Gila River Office of Emergency Management P.O. Box H Sacaton, AZ 85147</p>	<p>E-Mail oem2@gric.nsn.us</p>
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