



## Community Visions Survey Focus Group Gathering Two: Land Use & Climate Resilience

Do you identify as American Indian, Alaskan Native, or Native American? (Circle one)                      Yes                      No

What is your zip code? \_\_\_\_\_ What city do you live in? \_\_\_\_\_

**Land Use:** Please help us understand the way you, as a member of our local American Indian/Alaskan Native community, desire to use the land within the American Indian Cultural District.

- 1. Cultural Use:** What kinds of cultural uses or cultural activities would you most like to see happening in the Cultural District?
- 2. Open Space & Recreational Use:** When you think about open and outdoor spaces for enjoyment and leisure activities, what kinds of space do you think the Cultural District needs more of?
- 3. Institutional & Commercial Use:** When you think of buildings or developed areas that provide a service to the public, what kinds do you think the Cultural District needs more of?
- 4. Additional Ideas:** Are there any other types of spaces, activities, or buildings that you would like to see more of in the Cultural District?

**Climate Resilience:** Please share ideas on how the American Indian Cultural District should manage, prepare, and adapt to climate change.

- 5. Mitigation/Preparation:** Have you noticed impacts of climate change in San Francisco? How do you think climate change will impact San Francisco over the next few years?

6. **Stewardship:** What are some ways Native peoples have helped take care of the environment?
7. **Mitigation:** Do you think these ways can help reduce the harms of climate change? If so, how?
8. **Preparation:** What can the American Indian and Alaskan Native community do to prepare for impacts of climate change in San Francisco?
9. **Adaptation:** What role do you see the Cultural District playing in the future to help the community adapt to the conditions of climate change?

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**Please fill out the optional questions below to help us better understand the community we serve:**

What is your age? \_\_\_\_\_

Circle how many people are in your household?      1              2              3              4+

Please indicate how you identify:

- |                                 |                                     |
|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Non-binary |
| <input type="checkbox"/> Female | <input type="checkbox"/> Other      |

Do you consider yourself: lesbian, gay, bisexual, pansexual, two-spirit, transgender, queer, or intersex?                      Yes                      No

What is your annual income range?

- |  |   |
|--|---|
| <input type="checkbox"/> 0 – \$15,000        | <input type="checkbox"/> \$75,001 – \$95,000  |
| <input type="checkbox"/> \$15,001 – \$50,000 | <input type="checkbox"/> \$95,001 – \$150,000 |
| <input type="checkbox"/> \$50,001 – \$75,000 | <input type="checkbox"/> \$150,001+           |