

PUBLIC COMMENT FORM

GWINNETT COUNTY COMMUNITY DEVELOPMENT PROGRAM

NEEDS ASSESSMENT - FFY2020 ANNUAL ACTION PLAN, FFY2020-2024 CONSOLIDATED PLAN, AND ANALYSIS OF IMPEDIMENTS TO FAIR HOUSING CHOICE

PUBLIC COMMENT PERIOD: April 19, 2019 – May 20, 2019

Two Public Hearings will be held to receive comments on these topics, as follows:

Public Hearing Location	Address	Date	Time
Gwinnett Justice and Administration Center, 2 nd Floor, Conference Center, Room A	75 Langley Drive, Lawrenceville, GA 30046-6935	Wednesday, May 1, 2019	10:00 AM
Gwinnett Justice and Administration Center, 2 nd Floor, Conference Center, Room A	75 Langley Drive, Lawrenceville, GA 30046-6935	Wednesday, May 1, 2019	6:00 PM

Gwinnett County is holding a Needs Assessment Public Hearing to receive citizen input on community development, housing, and homeless needs which may be addressed utilizing FFY 2020 grant funding from HUD. The information gathered from citizens will be used to address needs identified in the Unified Plan 2040 and to be included in FFY 2020 Annual Action Plan, FFY2020-2024 Consolidated Plan, and Analysis of Impediments to Fair Housing Choice. A summary of public comments received will be provided to the Gwinnett County Board of Commissioners prior to their approval of FFY 2020 Annual Action Plan and FFY2020 -2024 Consolidated Plan, and the summary of public comments will be included in FFY 2020 Annual Action Plan and the FFY 2020-2024 Consolidated Plan when submitted to HUD.

All written comments must be received by 5:00 PM, May 20, 2019 at:

Gwinnett County Community Development Program
One Justice Square
446 West Crogan Street, Suite 275
Lawrenceville, Georgia 30046-2439
Telephone 678-518-6008; Fax 678-518-6071; email: cdbghudplanning@gwinnettcountry.com

Please use this form for any comments you may have.

Copy this page and attach as many pages as required for your comments.

Comments: Page ____ of ____

Thank you for your comments.
Please Provide Your Name/Organization/Address/Telephone Number/Fax/Email: [Optional, but appreciated]

Name: _____

Organization Represented, If Any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone : _____ Fax: _____

Email: _____