



2025-2029 Community Development Block
Grant (CDBG) Consolidated Plan

June 1, 2025-May 31, 2030



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Executive Summary

ES-05 Executive Summary - 24 CFR 91.200(c), 91.220(b)

1. Introduction

The City of Bismarck is an entitlement community and annually receives Community Development Block Grant (CDBG) funds through the U.S. Department of Housing and Urban Development (HUD). Under this program, the City is required to develop a Five-Year Consolidated Plan that includes community development goals and implementation strategies for the next five years. This document is the City of Bismarck's Consolidated Plan for 2025-2029 and 2025 Annual Action Plan for implementation beginning with the 2025 CDBG program year.

The purpose of the Consolidated Plan is to strategize how funds will be allocated to housing and community development activities. The Plan identifies the City's housing and community development needs, priorities, goals and strategies. It also stipulates how funds will be allocated to housing and community development activities during the five-year planning period. Development of a Consolidated Plan is designed to be a collaborative process whereby a community establishes a unified vision for housing and community development actions. It offers entitlement communities the opportunity to shape these housing and community development programs into effective, coordinated neighborhood and community development strategies. It also allows for strategic planning and citizen participation to occur in a comprehensive context, thereby reducing duplication of effort.

Bismarck's Consolidated Plan has been prepared in accordance with HUD requirements and outlines the citizen participation process; examines the demographic and economic status of the community; evaluates the housing market; and looks at needs that exist in the community in the areas of homelessness, special needs, housing and community development. The Plan outlines goals and strategies for addressing the identified needs. Future Annual Action Plans will be created around the goals and objectives portions of the document.

CDBG funds will be used to further the priorities and goals, established in this plan, and are approved by the Bismarck City Commission. The City's Community Development Department will pursue the goals and objectives by working with citizens, local non-profits, service providers, housing providers, government agencies and other partners to provide decent housing, a suitable living environment and economic opportunities for low- and moderate-income households. The City will also follow HUD's guidelines for citizen and community involvement and will be responsible for implementing the citizen participation requirements that accompany the development and implementation of the Consolidated Plan.

2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

The goals of the HUD-funded programs administered by the City of Bismarck are to provide suitable housing and services for the community's LMI residents. The City of Bismarck strives to accomplish these goals by maximizing and effectively utilizing all available funding resources to conduct housing and community development activities. The over-arching goals are further explained as follows:

- Providing suitable housing means helping homeless persons obtain appropriate housing and assisting those at risk of homelessness; preserving the affordable housing stock; increasing availability of permanent housing that is affordable to LMI persons without discrimination; and increasing the supply of supportive housing.
- Providing services entails improving the safety and livability of neighborhoods; increasing access to quality facilities and services; and reducing the isolation of income groups within an area through integration of low-income housing opportunities.

Based on the Needs Assessment and Market Analysis, as well as input gathered from focus groups and the 2024 Community Survey, the City has identified five priority needs:

1. Affordable and public housing
2. Non-homeless special needs
3. Non-housing community development
4. Homeless housing and services
5. Fair housing and non-discriminatory practices

These five priority needs will be addressed with the following goals, described in more detail in SP-45 Goals Summary:

- Retain affordable housing
- Enhance mobility through public transit
- Prevent and end homelessness
- Improve public facilities
- Support homeownership for LMI households
- Enhance public infrastructure
- Improve accessibility of housing
- Administer program efficiently and transparently
- Support mental health and childcare services
- Affirmatively furthering fair housing

The City of Bismarck's CDBG program has seen considerable success with activities that promote preventing and ending homelessness, such as subsistence payment programs, as well as projects that have preserved existing special needs and public housing units. This history will be considered when prioritizing future goals and objectives.

3. Evaluation of past performance

The City of Bismarck's evaluation of its performance over the preceding year is completed in a thorough Consolidated Annual Performance and Evaluation Report (CAPER). These documents state the objectives and outcomes identified in each year's Annual Action Plan and include an evaluation of past performance through measurable goals and objectives compared to actual performance. These documents can be found on the City of Bismarck's website.

4. Summary of citizen participation process and consultation process

In developing the Consolidated Plan, the City of Bismarck utilized various processes that considered the needs of low- and moderate-income, homeless and special needs populations in the community, regardless of whether the identified need is eligible for funding under the CDBG program. The intent of this approach is to not only guide how the City strategically invests its CDBG funds, but also other community-based efforts to increase the resiliency and stability of the community's most vulnerable residents.

A variety of public outreach and citizen participation efforts were used to develop this Consolidated Plan. Multiple focus groups were organized with local stakeholders and a community survey was offered city-wide to help establish priorities for the City by gathering feedback on the level of need for various housing and community development needs. This included participation by the local public housing authority, local and regional homeless service providers, agencies that provide housing and/or services to low- and moderate-income populations, local government, local non-profits, fair housing advocates, interested parties and Bismarck residents. Staff also consulted a variety of previously-prepared documents, including the City's Comprehensive Plan, Together 2045 and the City of Bismarck Analysis of Impediments to Fair Housing Choice.

The Plan was released for public review and a public hearing was held to offer residents and stakeholders the opportunity to comment on the Plan.

5. Summary of public comments

Public comments are attached to the Administration section of this Plan.

6. Summary of comments or views not accepted and the reasons for not accepting them

There were not any comments or views that were not accepted.

7. Summary

The Consolidated Plan is a pre-requisite for receiving funding through the Department of Housing and Urban Development's Community Development Block Grant program. The purpose of the Plan is to guide funding decisions regarding the use of federal resources. The City of Bismarck has prepared this Consolidated Plan to strategically implement federal programs that fund a variety of housing and community development activities within the community from June 1, 2025 to May 31, 2030. This Plan also includes the Annual Action Plan for 2025, which identifies the funding for projects that address the City's priority needs for low-and moderate income, special needs and homeless citizens.

The Process

PR-05 Lead & Responsible Agencies 24 CFR 91.200(b)

1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator	Bismarck	Community Development Department

Table 1 – Responsible Agencies

Narrative

The Community Development Department is the lead agency for developing, implementing, monitoring and reporting on the achievements of this Consolidated Plan. The Department is responsible for administering the Community Development Block Grant (CDBG) for the City of Bismarck.

Consolidated Plan Public Contact Information

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PR-10 Consultation – 91.100, 91.110, 91.200(b), 91.300(b), 91.215(I) and 91.315(I)

1. Introduction

Throughout the development of this Consolidated Plan, the City of Bismarck consulted with a variety of outside agencies and service providers to help establish funding priorities and Plan objectives for the next five years. The City consulted with the stakeholders, local and regional homeless service providers, public and private agencies that provide housing, health and social services, City staff and other City of Bismarck departments and divisions, utility companies and Bismarck residents, through a series of focus groups, public input meetings and an online survey. The City also referenced various City plans such as Together 2045 Comprehensive Plan; Home, Together: Bismarck-Mandan Plan to Prevent and End Homelessness; and various emergency preparedness plans. Much of the data and statistics included is derived from the Census Bureau and CPD maps sources.

A Housing and Homelessness Forum was held on June 19, 2024 by Community Development and Bismarck-Burleigh Public Health staff members as an opportunity for non-profit agencies, health-medical providers, elected officials, law enforcement, State of North Dakota employees and education representatives to give insight on housing accessibility needs, solutions to addressing unmet demands, obstacles to those solutions and generally overcoming the obstacles identified.

Provide a concise summary of the jurisdiction’s activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(I)).

The City of Bismarck works closely with the Burleigh County Housing Authority, Community Action, Community Works and other local nonprofits and private developers. In continuing these relationships, the City of Bismarck will encourage more coordination among these entities. Involvement in the Missouri Valley Coalition for Homeless People (MVCHP) and in the development and implementation of the *Home, Together: Bismarck-Mandan Plan to Prevent and End Homelessness 2019-2023* continues to promote communication and coordination of services among the agencies working with homeless persons. City staff intends to work towards an updated plan to prevent and end homelessness in the coming months, through a collaboration with MVCHP and the North Dakota Continuum of Care (COC). Input opportunities are shared with the public housing authority, a variety of non-profit agencies, health-medical providers, and the public school district.

Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness

The Continuum of Care process provides a forum for local agencies to communicate, identify needs and prioritize local needs. In North Dakota, the Continuum of Care (COC) is operated on a statewide level under the North Dakota Housing Finance Agency. The MVCHP coordinates the local CoC process and provides local input into the CoC at the State level. Its regular meetings provide an opportunity to share information between members on a monthly basis and to coordinate activities. The City is an active participant in this organization. Local agencies that provide services to chronically homeless persons and families, as well as at-risk youth, are current and previous subrecipients of CDBG funds. This advances efforts to provide adequate services to these homeless populations.

Homeless discharge coordination is currently under the direction of West Central Human Service Center (WCHSC) where individuals with mental illnesses, substance use disorders and those experiencing or at imminent risk of homelessness can receive walk-in services through the Project for Assistance in Transition from Homelessness (PATH) program. Services provided included outreach coordination, case management, and assistance with meeting urgent needs such as food and shelter, as well as connections to medical and addiction related services. WCHSC is a previous subrecipient of CDBG funds and their activities are supported in the current Consolidated Plan.

The need for a low-barrier, 24/7 emergency shelter continues to be a high priority goal for the community. This addition would allow for services to a large portion of the homeless community in Bismarck. Barriers to the implementation of this need have included funding and location options for a new facility or the repurposing of an existing space and an operations and governance structure.

Describe consultation with the Continuum(s) of Care that serves the jurisdiction's area in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS

The City of Bismarck does not receive ESG funds directly, but is an active member of the MVCHP to promote awareness and communication. The North Dakota Housing Finance Agency maintains an ESG Allocation Plan, with detailed section criteria and administrative procedures. The City of Bismarck includes the CoC for consultation through the creation of Consolidated Plans and as a source of information for data from HMIS where applicable. Many agencies have moved to HMIS or similar platforms for data entry.

2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities

Table 2 – Agencies, groups, organizations who participated

1	Agency/Group/Organization	BURLEIGH COUNTY HOUSING AUTHORITY
	Agency/Group/Organization Type	Housing PHA
	What section of the Plan was addressed by Consultation?	Public Housing Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	The City works with the BCHA on an ongoing basis, particularly in the development/renovation of rental projects under the Housing Authority's jurisdiction and the promotion of affordable housing. BCHA has been invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. BCHA is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
2	Agency/Group/Organization	Abused Adult Resource Center
	Agency/Group/Organization Type	Services-Victims of Domestic Violence
	What section of the Plan was addressed by Consultation?	Homeless Needs - Families with children
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	The City works with this agency on an ongoing basis to develop facilities and services for victims of domestic violence. AARC is a regular recipient of CDBG funds and is intentional when seeking technical assistance on the administration of CDBG funds. They have historically been notified of funding opportunities, invited for input on various Plans and also participated in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
3	Agency/Group/Organization	SALVATION ARMY - BISMARCK
	Agency/Group/Organization Type	Services - Housing
	What section of the Plan was addressed by Consultation?	Homelessness Strategy Homeless Needs - Families with children

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Salvation Army uses CDBG funds to end or prevent homelessness and this partnership is expected to be carried out, as it aligns with Consolidated and Annual Action Plan goals and objectives. They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey. Technical assistance has been provided due to recent staff turnover in an attempt to fulfill timely expenditure of funds.
4	Agency/Group/Organization	Aid, Inc.
	Agency/Group/Organization Type	Services-Elderly Persons Services-Persons with Disabilities Services-homeless Neighborhood Organization
	What section of the Plan was addressed by Consultation?	Homelessness Strategy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Aid, Inc. has voiced genuine interest in participation and the continuance of the CDBG program due to the great success they have seen with the number of individuals they have been able to assist. They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
5	Agency/Group/Organization	YOUTHWORKS
	Agency/Group/Organization Type	Services-Children Child Welfare Agency Neighborhood Organization
	What section of the Plan was addressed by Consultation?	Lead-based Paint Strategy Public Housing Needs Homelessness Needs - Unaccompanied youth

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Youthworks provides support to at-risk youth and was consulted for a comparison of discharge policies among shelters, correctional facilities, health-medical providers and social services. They continue to provide leadership on local homeless issues for the Missouri Valley Coalition for Homeless People and have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
6	Agency/Group/Organization	West Central Human Service Center
	Agency/Group/Organization Type	Services - Housing Services-Persons with Disabilities Services-homeless
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
7	Agency/Group/Organization	DACOTAH FOUNDATION
	Agency/Group/Organization Type	Services - Housing Services-Persons with Disabilities Services-homeless
	What section of the Plan was addressed by Consultation?	Public Housing Needs

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey. Valuable input is provided by this agency on community needs of populations with mental health related disabilities.
8	Agency/Group/Organization	LUMEN
	Agency/Group/Organization Type	Services - Broadband Internet Service Providers
	What section of the Plan was addressed by Consultation?	Broadband and Internet Connection
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Lumen was offered a broadband survey for completion and input on concerns related to internet and wireless services. At the time this Plan was prepared, a response had not yet been received. They will continue to be a source of consult as they are one of the few broadband service providers in the community.
9	Agency/Group/Organization	Burleigh County Council on Aging
	Agency/Group/Organization Type	Services-Elderly Persons
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey. Monitoring visits and requests for funds have been a source of consult on the needs of the local elderly population and it is expected that requests for CDBG funds will be considered in future calls for applications.
10	Agency/Group/Organization	COMMUNITY ACTION - REGION VII
	Agency/Group/Organization Type	Services-Elderly Persons Services-Persons with Disabilities

Demo

	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	CAP promotes independent living and advocates for housing improvements assistance to low-income households. They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey.
11	Agency/Group/Organization	Missouri Slope Areawide United Way
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	As the only emergency shelter in the community, consultation with this agency is ongoing. They have historically been notified of funding opportunities, invited for input on various Plans and also for participation in the 2024 Housing and Homelessness Forum and the 2025-2029 Consolidated Plan focus groups. The agency is supportive of activities that engage the community, such as the CDBG Consolidated Plan Community Survey, and have been proactive in efforts to utilize funds received by the CARES Act.
13	Agency/Group/Organization	MIDCO
	Agency/Group/Organization Type	Services - Broadband Internet Service Providers
	What section of the Plan was addressed by Consultation?	Broadband and Internet Connection

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Midco was offered a broadband survey for completion and input on concerns related to internet and wireless services. They identified in their response that generally, households do not subscribe to broadband services due to income limitations/affordability, resistance to or lack of digital literacy skills, broadband not being necessary to daily living and also factors such as lack of devices or basic digital skills. Main challenges and barriers for low-moderate-income households were stated as often lacking awareness of assistance programs such as Lifeline and also lacking access to connected device or digital skills training. A key action identified that the City could partner in is to establish digital skills programming at facilities, such as the library, and to raise awareness about these opportunities. They continue to offer their FCC Lifeline program which can reduce the cost of broadband services for eligible households. More information can be found at https://midco.com/internetassistance . Midco will continue to be a valuable source of consult as they are one of the few broadband service providers in the community.
14	Agency/Group/Organization	Ministry on the Margins
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the housing and homelessness forum and information on the community survey was provided to the agency. Ministry on the Margins has been a vocal advocate for chronically homelessness individuals and will be a key stakeholder in efforts to secure local triage facility operations.
15	Agency/Group/Organization	Dream Center Bismarck
	Agency/Group/Organization Type	Neighborhood Food Bank

Demo

	What section of the Plan was addressed by Consultation?	Homeless and Non-Homeless Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Information on the community survey was provided to the agency and technical assistance has been provided to staff as a subrecipient of prior year CDBG funds.
16	Agency/Group/Organization	Native American Development Center
	Agency/Group/Organization Type	Services-Education Services-Employment Service-Fair Housing Services - Victims Tribal Advocacy
	What section of the Plan was addressed by Consultation?	Tribal Advocacy
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the housing and homelessness forum and information on the community survey was provided to the agency. This organization will continue to be instrumental in efforts to further fair housing and the promotion of homeownership, financial and life skills for Native Americans in Bismarck.
17	Agency/Group/Organization	Bismarck Public Schools
	Agency/Group/Organization Type	Services-Education
	What section of the Plan was addressed by Consultation?	Public Education Institution

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the housing and homelessness forum and information on the community survey was provided to the agency. A request for data on the number of homeless or at-risk of homelessness students in the public school system was not returned, however, requests for input and participation will continue to be encouraged.
18	Agency/Group/Organization	Bismarck Global Neighbors
	Agency/Group/Organization Type	Services - New Americans
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the initial focus group offered and information on the community survey was provided to the agency. Technical assistance on the CDBG program was provided at the focus group and this agency will continue to be a source of information on the needs of new Americans and immigrant support opportunities.
19	Agency/Group/Organization	CHI St. Alexius
	Agency/Group/Organization Type	Services-Health Health Agency
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs Health-Medical Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was not provided however the community survey was provided to the agency. Because involvement by local health-medical providers is valuable to the Consolidated Plan and Annual Action Plans, requests for input and participation will continue to be encouraged.
20	Agency/Group/Organization	Sacred Pipe Resource Center
	Agency/Group/Organization Type	Native American Engagement

Demo

	What section of the Plan was addressed by Consultation?	Native-led Community Organization
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the housing and homelessness forum and information on the community survey was provided to the agency. Being a Native-led agency, consultation is advantageous for the promotion of furthering fair housing, education on the needs of Native Americans in Bismarck and dedication to anti-discriminatory practices.
21	Agency/Group/Organization	Heaven's Helpers
	Agency/Group/Organization Type	Services-homeless
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation and input was provided at the housing and homelessness forum and the community survey was provided to the agency. Input given will be used to identify needs of chronically homeless individuals. Technical assistance on the CDBG program was provided on a potential expansion of their soup kitchen and services and input opportunities will continue to be provided to support the prioritization of homelessness initiatives.
22	Agency/Group/Organization	Stepping Stone Ministries
	Agency/Group/Organization Type	Services-homeless Services-Health Health Agency
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the focus group and housing and homelessness forum and information on the community survey was provided to the agency. Valuable input has been provided by the agency on the need for a medical respite facility in the community and CDBG funds have been committed to this activity. Staff will continue to work closely with agency representatives to encourage and monitor steps forward for the implementation of this service.
23	Agency/Group/Organization	City of Bismarck
	Agency/Group/Organization Type	Other government - Local
	What section of the Plan was addressed by Consultation?	Local Government
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. A number of elected officials, City staff including City Planning, Administration, Police Department and Public Health provided input and coordination throughout the housing and homelessness forum. The community survey was provided to these divisions and collaboration on needs related to affordable housing, barriers and solutions was orchestrated. A partnership between these divisions has been initiated for stakeholders to begin the creation of a community triage facility for chronic homelessness services, medical detox and shelter. Bismarck Veterans Memorial Library was provided an invitation to the housing and homelessness forum and has participated in the CDBG program previously for the procurement of educational materials.
24	Agency/Group/Organization	State of North Dakota
	Agency/Group/Organization Type	Other government - State
	What section of the Plan was addressed by Consultation?	State Government

Demo

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended to the North Dakota Continuum of Care for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Participation in the housing and homelessness forum was also requested to North Dakota Housing Stability, West Central Human Service Center, North Dakota Continuum of Care. Representation was provided at the housing and homelessness forum by each of these agencies and information on the community survey was provided. Planning staff has been communicative with the North Dakota Continuum of Care which has been responsive on requests for information to supplement various portions of this Consolidated Plan.
25	Agency/Group/Organization	GREAT PLAINS FOOD BANK
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Services-Victims of Domestic Violence Services-homeless Services-Health Neighborhood Food Bank
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Veterans Non-Homeless Special Needs Neighborhood Food Bank
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. While representation was not available, the community survey was provided to the agency and they continue to support the benefits of the CDBG program as a subrecipient. Staff has been advisory on the administration of CDBG funds through projects for facility improvements and expansions to better serve the community. Input opportunities will continue to be offered throughout the development of this Consolidated Plan.
26	Agency/Group/Organization	High Plains Fair Housing Center
	Agency/Group/Organization Type	Services - Housing

Demo

	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was provided at the housing and homelessness forum and needs assessment focus group. Information on the community survey was provided to the agency. The City of Bismarck supports High Plains Fair Housing Center through the provision of fair housing related materials, annually declaring Fair Housing Month in April by proclamation and providing letters of match support. CDBG funds have been utilized for fair housing related activities such as legal support and advertising. The agency was consulted for data on fair housing discrimination claims to supplement related content in this Consolidated Plan.
27	Agency/Group/Organization	USpireND
	Agency/Group/Organization Type	Services-Children
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey and the community survey was provided to the agency. Assistance has been provided to the agency throughout the administration of CDBG funds to support their Healthy Families Program. Input from this agency is used to prioritize the need for social services to low- moderate-income families.
28	Agency/Group/Organization	Bridging the Dental Gap
	Agency/Group/Organization Type	Services-Health Health Agency
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs

	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Bridging the Dental Gap is a previous recipient of CDBG funds for improvements to their facility that provides dental services to low- moderate-income households and underinsured individuals. Participation in the needs assessment focus groups to support the Consolidated Plan, as well as the housing and homelessness forum was offered and information on the community survey was distributed to the agency. Input from Bridging the Dental Gap can be used to support the prioritization of medical and dental service needs for low- moderate-income individuals where additional funding can further the provision of dental needs.
29	Agency/Group/Organization	Lewis & Clark Regional Development Council
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Homeless Needs - Chronically homeless Affordable Housing
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Lewis and Clark Regional Development Council has used CDBG funds in prior years towards emergency needs to low- moderate-income households such as heating and cooling repairs, plumbing repairs, accessibility modifications and general habitability needs to single-family properties. Opportunities for input are made available to the agency and solicitations for applications are shared to promote the CDBG program and its benefits.
30	Agency/Group/Organization	Bismarck-Mandan Apartment Association
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Local Apartment Market Coordination
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	The Bismarck-Mandan Apartment Association was offered participation in the housing and homelessness forum to provide information on housing needs, fair housing, affordable housing and overcoming barriers. While the agency does not provide CDBG eligible activities, they do provide valuable support to apartment owners and managers and promote fair housing practices as well as professional development in the apartment industry.

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31	Agency/Group/Organization	Bismarck-Mandan Board of Realtors
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Local Realtor Board
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Bismarck-Mandan Board of Realtors was invited to participate in the housing and homelessness forum. These types of opportunities will continue to be offered to the agency as a source of information for housing market trends, affordable housing needs and how to better plan for changes in population, household incomes and other variable demographics of the community.
32	Agency/Group/Organization	NORTH DAKOTA HOUSING FINANCE AGENCY
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Housing Need Assessment Public Housing Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	North Dakota Housing Finance Agency administers HOME and ESG funds and has provided program related technical assisted when requested. While participation in the housing and homelessness forum was not available, information on the community survey was distributed to the agency. NDHFA was invited for a discussion with City Planning staff on the various programs it offers and how CDBG funds could potentially be used to supplement prioritized projects related to affordable housing. Guidance was provided on how to direct affordable housing developers that may be new to the community in order to best support their efforts.
33	Agency/Group/Organization	AARP
	Agency/Group/Organization Type	Services-Elderly Persons
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	AARP was identified as a desirable point of consult due to their interactions with elderly populations. Public input opportunities will be shared with the agency to promote the support of aging and senior population activities.

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34	Agency/Group/Organization	Bismarck-Mandan Home Builders Association
	Agency/Group/Organization Type	Housing Regional organization
	What section of the Plan was addressed by Consultation?	Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Bismarck-Mandan Home Builders Association was provided an invitation to the housing and homelessness forum. This organization works closely with City departments to ensure positive growth and support for the building community as well as planning for housing inventory and affordable housing needs.
35	Agency/Group/Organization	North Dakota Association of Builders
	Agency/Group/Organization Type	Housing
	What section of the Plan was addressed by Consultation?	Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	North Dakota Association of Builders was invited for consult at the housing and homelessness forum to discuss affordable housing, solutions and barriers. Representation was not made available.
36	Agency/Group/Organization	Better Together ND
	Agency/Group/Organization Type	Services-Persons with Disabilities
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Better Together ND was invited to participate in the housing and homelessness forum and while representation was not made available, the agency will be notified of future input opportunities. They provide services such as peer support, behavioral counseling and care coordination and concerns have been voiced from other agencies on the need for additional services related to this.

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37	Agency/Group/Organization	Bisman Transit
	Agency/Group/Organization Type	Services-Children Services-Elderly Persons Services-Persons with Disabilities Local Bussing Services
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs Transit and Paratransit Services
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Bis-Man Transit is the only community transit agency and participation was provided by representation at the housing and homelessness forum.
39	Agency/Group/Organization	North Dakota Center for Persons with Disabilities
	Agency/Group/Organization Type	Services-Persons with Disabilities
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum and while representation was not made available, the agency will continue to be a valuable provider of services for individuals with disabilities.
40	Agency/Group/Organization	Northland Health Center
	Agency/Group/Organization Type	Health Agency
	What section of the Plan was addressed by Consultation?	Behavioral, Dental and Medical Services
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Northland Health Center provides medical, dental and mental health services, regardless of an individuals ability to pay or insurance status. Representation was provided at the housing and homelessness forum and consult will continue to be requested to gain feedback on current and future health-medical needs of households at all income levels.
42	Agency/Group/Organization	Sanford Medical Center
	Agency/Group/Organization Type	Health Agency

	What section of the Plan was addressed by Consultation?	Local Hospital-Medical Provider
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Sanford Medical Center was invited for consult at through the housing and homelessness forum as one of the major health-medical providers for the community. While representation was not available at the forum, results of a Community Health Needs Assessment were shared at a prior gathering to show various risk levels in the community as well as needs related to transportation, affordable housing, child care, available health care and employment. These findings will be used to prioritize related goals and objectives in this Consolidated Plan. Sanford Medical Center will continue to be a point of contact for health-medical provider related input.
44	Agency/Group/Organization	American Red Cross Western North Dakota
	Agency/Group/Organization Type	Agency - Emergency Management
	What section of the Plan was addressed by Consultation?	Regional Emergency Response Agency
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	American Red Cross was invited for participation in the housing and homelessness forum. While representation was not made available at this time, consult will continue to be requested on disaster preparedness, specifically where areas of Bismarck are prone to flooding, and the threat of tornados is common regionally.
45	Agency/Group/Organization	Bismarck Mandan Chamber EDC
	Agency/Group/Organization Type	Business and Civic Leaders
	What section of the Plan was addressed by Consultation?	Economic Development
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Bismarck-Mandan Chamber EDC provides regional connectivity through leadership, professional and policy development and is a source of information on employment trends and new business opportunities. Consult was provided by the agency at the housing and homelessness forum offered and opportunities will continue to be explored on providing support to the community, specifically where new businesses are involved.

46	Agency/Group/Organization	Dakota Center for Independent Living
	Agency/Group/Organization Type	Services-Persons with Disabilities
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	An invitation was extended for participation in the housing and homelessness forum, needs assessment focus groups and the community survey. Representation was not provided, however, any future input from the agency could be used to further initiatives to support community needs for individuals with disabilities.
47	Agency/Group/Organization	Mosaic Community Triage Center
	Agency/Group/Organization Type	Services-Persons with Disabilities Health Agency
	What section of the Plan was addressed by Consultation?	Non-Homeless Special Needs
	How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?	Mosaic Community Triage Center has been a large point of consult for multiple City departments for the creation of a social detox facility and/or low-barrier shelter. A partnership has been established to aid attempts towards the implementation of a community triage facility that could function as intake for medical services, detox and shelter. Technical assistance has been provided regarding participation in the CDBG program, input opportunities will continue to be offered and opportunities for funding will be disbursed to the agency in the future. While participation was not made available at the housing and homelessness forum, representation was made at the Community Health Needs Assessment discussion and the community survey has been distributed to the agency.

Identify any Agency Types not consulted and provide rationale for not consulting

No agency types were intentionally excluded from consultation or the list above. City staff targets to include all interested agencies and parties in its consultation attempts and has summarized them above to the best of their knowledge. Both public and private industry agencies and businesses are welcome to provide input at the public comment and public hearing opportunities of this Plan. Many of these agencies do not have local representation, specifically those associated with broadband and internet

services, however, additional consult and participation is requested with the preparation of each Consolidated Plan and subsequent Annual Action Plans.

Other local/regional/state/federal planning efforts considered when preparing the Plan

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care	Missouri Valley Coalition for Homeless People	The City of Bismarck's Consolidated Plan integrates the needs assessed by the statewide CoC and Region 7, which contains the City of Bismarck.
Together 2045 - Bismarck's Comprehensive Plan	City of Bismarck	Housing affordability and human service provision for the City were addressed in the Plan, in particular, goals and objectives within the Thrive element.

Table 3 – Other local / regional / federal planning efforts

Describe cooperation and coordination with other public entities, including the State and any adjacent units of general local government, in the implementation of the Consolidated Plan (91.215(l))

The City works cooperatively with the North Dakota Department of Commerce and the North Dakota Housing Finance Agency to support affordable housing activities within our jurisdiction, primarily through the HOME and Low Income Housing Tax Credit (LIHTC) Programs. Burleigh County typically defers to the City of Bismarck for implementation of programs/projects within city limits, however the homeless shelter has been an opportunity to redefine those relationships recently. The Burleigh County Housing Authority serves citizens of Bismarck and Burleigh County and is a key player in the provision, preservation, and creation of affordable housing. At the municipal level, the City partners with the Bismarck Parks and Recreation District and Bismarck Public Schools on implementation of projects that benefit low-and moderate-income, special needs and homeless populations.

Narrative (optional):

Consultation was largely gained through the Consolidated Plan focus groups, Housing and Homelessness Forum and a community survey. Consideration was given to offer participation to a variety of stakeholders including, but not limited to, health-medical providers, educational leaders, elected officials and City representatives, economic developers, non- and for-profit agency representatives, financial and religious institutions. The community survey was broadly advertised in various public

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facilities and local businesses, as well as on social media and the City website. Input gathered at the focus groups, housing and homelessness forum and through the community survey will substantially guide the priorities of this Consolidated Plan and Annual Action Plans through 2029. Additionally, two public input opportunities were offered on both the 2025 Annual Action Plan and the 2025-2029 Consolidated Plan, as required by Bismarck's Citizen Participation Plan.

PR-15 Citizen Participation – 91.105, 91.115, 91.200(c) and 91.300(c)

1. Summary of citizen participation process/Efforts made to broaden citizen participation Summarize citizen participation process and how it impacted goal-setting

The City's adopted Citizen Participation Plan (CPP), within the Appendix, guided the key elements of resident and stakeholder consultation for the development of this Consolidated Plan. As directed in the CPP, citizen participation included citizen participation included needs prioritization, public review, and public hearings. The comprehensive citizen participation process was designed to receive input from residents and stakeholders on Bismarck's housing, community development, and economic needs.

A variety of public outreach and citizen participation was also used to develop this Consolidated Plan, including:

- A survey of Bismarck residents with approximately 100 responses;
- Multiple focus groups with stakeholders;
- A community survey focused on housing and local service needs;
- Public input opportunities on both the 2025 Annual Action Plan and the 2025-2029 Consolidated Plan;
- A housing and homelessness forum in partnership with Bismarck-Burleigh Public Health;

The community survey and input gathered at the various focus groups and housing and homelessness forum were used to identify needs and help establish priorities. The results of this survey are available within the Appendix. Public input opportunities were offered on February 4, 2025 and March 19, 2025 to gather feedback on community needs to be incorporated into the 2025 Annual Action Plan section of the 2025-2029 Consolidated Plan, and the 2025-2029 Consolidated Plan itself. Staff encouraged participation in the focus groups and forum by agencies, groups and organizations with interest in the impact of the Consolidated Plan.

The City's CDBG Advisory Committee also assists with making funding recommendation for annual allocations of CDBG funding. The recommendations of the CDBG Advisory Committee are forwarded to City Commission, which has final local approval authority.

Meetings of the Bismarck City Commission are open to the public and are noticed on the City's website. Public hearings and public comment periods are advertised in the Bismarck Tribune and posted online. Notices are also sent to agencies that serve low- and moderate-income residents, residents with special needs and homeless residents, as well as to units of local government, including law enforcement, and agencies

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that provide youth programming. Notices include information for residents with Limited English Proficiency to request language assistance or reasonable accommodations for residents with disabilities.

The City of Bismarck held a 30-day public comment period to receive comments on the draft 2025-2029 Consolidated Plan and 2025 Annual Action Plan in from April 11-May 11, 2025 During this time, the draft Consolidated Plan was made available for public review, and residents and stakeholders could provide comments. The City of Bismarck also held a public hearing to discuss key findings and receive input from residents and stakeholders on the draft plans on April 15, 2025. A summary of community outreach efforts and responses is contained in the Administration attachments and the appendix to this Plan, with additional details and evidence of outreach materials.

Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (if applicable)
1	Resident Survey	Non-targeted/broad community Area service providers/Community Stakeholders	The resident survey was offered through various methods for the month of October 2024. Approximately 100 individuals responded to the survey. The results are included in the appendix to this Plan.	Additional comments are reflected in the attached survey results.	No comments were rejected.	

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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
2	Public Meeting	Non-targeted/broad community Area service providers/Community Stakeholders	An attendance summary is attached in the appendix to this Plan.	No members of the public participated at the input opportunity offered on the 2025 Annual Action Plan on February 4, 2025.	No comments were rejected.	
3	Resident Survey	Non-targeted/broad community	No written comments were submitted during the 30-days public comment period on the 2025 Annual Action Plan section of the Consolidated Plan.	N/a.	No comments were rejected.	
4	Resident Survey	Non-targeted/broad community	A summary of responses/attendance as a result of the 30-day public comment period from April 11-May 11 on the draft Consolidated Plan will be added here.	A summary of comments received during the 30-day public comment period from April 11-May 11 on the draft Consolidated Plan will be added here.	A summary of comments not accepted during the 30-day public comment period from April 11-May 11 on the draft Consolidated Plan will be added here.	

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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
5	Public Meeting	Non-targeted/broad community	A summary of responses/attendance as a result of the public hearing to be offered April 15th on the draft Consolidated Plan will be added here.	A summary of comments received as a result of the public hearing to be offered April 15th on the draft Consolidated Plan will be added here.	A summary of comments not accepted as a result of the public hearing to be offered April 15th on the draft Consolidated Plan will be added here.	

Table 4 – Citizen Participation Outreach

Needs Assessment

NA-05 Overview

Needs Assessment Overview

This section of the Consolidated Plan provides an overview of the socio-economic and housing characteristics of the community and identifies resident groups in Bismarck with housing needs disproportionate to their representation in the jurisdiction as a whole. This analysis is based on a combination of HUD-provided affordability data; decennial census data; American Community Survey (ACS) data; and data collected directly from Bismarck residents and stakeholders who work in the field of housing and community development or provide services to low- and moderate-income residents and special needs populations.

The population of Bismarck grew from 61,272 persons in 2010 to 73,694 persons in 2020, an increase of 16.8 percent, and the number of occupied households increased from 26,726 in 2010 to 33,320 in 2022, an increase of nearly 25 percent. While changes to the racial or ethnic makeup of the City population continues to be small, the community has become more diverse over time. The most common household income range in the City of Bismarck is the \$50,000-\$74,999 range at 21.9% of households and approximately 13.1% of the Bismarck population, or 9,434 residents, are now below the poverty level. This is slightly higher than the national rate of 12.6%. ACS population and household income data is attached.

A significant proportion of households have housing problems, particularly cost burdens, defined as spending more than 30 percent of their household income on housing costs. Households occupying as rentals have a cost burden rate of approximately 47.3 percent where, as of 2022, 26.6% of mortgaged households and 15.1% of non-mortgaged households in Bismarck were considered cost burdened. A report from ACS of cost burden factors is attached.

Homeless persons in Bismarck continue to need a variety of services. At the time this Plan was prepared, the unofficial 2023 Point in Time (PIT) count for Bismarck was 63 individuals. Volunteers who participated in the PIT count locally, within the City of Bismarck, contacted these unsheltered individuals on January 24, 2023. This number does not include individuals sheltered in emergency, temporary locations, which would result in a significant increase from the 28 individuals who were surveyed in January 2023. Bismarck Public Schools also collects information on students that are experiencing homelessness in the forms of sharing housing due to hardship, living in motels, hotels, campgrounds or other alternative inadequate housing, living in emergency or transitional housing, abandoned in hospitals, having a primary nighttime residence that is not designated for ordinary sleeping accommodations, living in cars, abandoned buildings or transportation stations, or other migratory students in other applicable situations. Based on the numbers collected by BPS, it appears the homeless

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population in Bismarck is much higher than the recent Point in Time count would indicate. The unofficial PIT count as well as the most recent HIC report is attached.

In addition, there are a variety of non-homeless special needs populations in the city. The population of Bismarck with a disability including hearing, vision, cognitive, ambulatory, self-care and/or independent living difficulties totals 10,133 individuals, or 14% of the total population. Of this characteristic, an estimated 3,930, or approximately 39%, are over the age of 65. Services for this age group continue to be a priority objective for the City of Bismarck. A series of focus groups was offered to stakeholders for the development of this Plan.

Table: ACSDP5Y2022.DP05

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
SEX AND AGE				
Total population	73,694	±52	73,694	(X)
Male	36,664	±501	49.8%	±0.7
Female	37,030	±504	50.2%	±0.7
Sex ratio (males per 100 females)	99.0	±2.7	(X)	(X)
Under 5 years	4,379	±313	5.9%	±0.4
5 to 9 years	4,258	±443	5.8%	±0.6
10 to 14 years	4,951	±463	6.7%	±0.6
15 to 19 years	4,422	±333	6.0%	±0.5
20 to 24 years	5,051	±322	6.9%	±0.4
25 to 34 years	10,232	±473	13.9%	±0.6
35 to 44 years	9,932	±398	13.5%	±0.5
45 to 54 years	7,555	±400	10.3%	±0.5
55 to 59 years	4,432	±362	6.0%	±0.5
60 to 64 years	4,875	±469	6.6%	±0.6
65 to 74 years	7,111	±341	9.6%	±0.5
75 to 84 years	4,159	±318	5.6%	±0.4
85 years and over	2,337	±312	3.2%	±0.4
Median age (years)	38.0	±0.7	(X)	(X)
Under 18 years	16,300	±432	22.1%	±0.6
16 years and over	59,380	±417	80.6%	±0.6
18 years and over	57,394	±435	77.9%	±0.6
21 years and over	54,606	±545	74.1%	±0.7
62 years and over	16,510	±552	22.4%	±0.7
65 years and over	13,607	±399	18.5%	±0.5
18 years and over	57,394	±435	57,394	(X)
Male	28,016	±476	48.8%	±0.6
Female	29,378	±363	51.2%	±0.6

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Table: ACSDP5Y2022.DP05

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Chamorro	25	±45	0.0%	±0.1
Native Hawaiian	8	±11	0.0%	±0.1
Samoan	0	±24	0.0%	±0.1
Other Native Hawaiian and Other Pacific Islander	619	±447	0.8%	±0.6
Some Other Race	598	±223	0.8%	±0.3
Two or More Races	3,447	±850	4.7%	±1.2
White and Black or African American	593	±276	0.8%	±0.4
White and American Indian and Alaska Native	837	±318	1.1%	±0.4
White and Asian	172	±86	0.2%	±0.1
White and Some Other Race	1,594	±645	2.2%	±0.9
Black or African American and American Indian and Alaska Native	9	±14	0.0%	±0.1
Black or African American and Some Other Race	8	±15	0.0%	±0.1
Race alone or in combination with one or more other races				
Total population	73,694	±52	73,694	(X)
White	66,804	±696	90.7%	±0.9
Black or African American	2,669	±184	3.6%	±0.3
American Indian and Alaska Native	3,929	±537	5.3%	±0.7
Asian	1,002	±193	1.4%	±0.3
Native Hawaiian and Other Pacific Islander	701	±447	1.0%	±0.6
Some Other Race	2,250	±630	3.1%	±0.9
HISPANIC OR LATINO AND RACE				

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Table: ACSDP5Y2022.DP05

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Total population	73,694	±52	73,694	(X)
Hispanic or Latino (of any race)	1,973	±277	2.7%	±0.4
Mexican	1,111	±354	1.5%	±0.5
Puerto Rican	269	±142	0.4%	±0.2
Cuban	25	±36	0.0%	±0.1
Other Hispanic or Latino	568	±195	0.8%	±0.3
Not Hispanic or Latino	71,721	±285	97.3%	±0.4
White alone	62,746	±804	85.1%	±1.1
Black or African American alone	1,861	±318	2.5%	±0.4
American Indian and Alaska Native alone	2,636	±515	3.6%	±0.7
Asian alone	718	±146	1.0%	±0.2
Native Hawaiian and Other Pacific Islander alone	652	±444	0.9%	±0.6
Some Other Race alone	69	±42	0.1%	±0.1
Two or More Races	3,039	±826	4.1%	±1.1
Two races including Some Other Race	1,300	±595	1.8%	±0.8
Two races excluding Some Other Race, and three or more races	1,739	±516	2.4%	±0.7
Total housing units	34,363	±304	(X)	(X)
CITIZEN, VOTING AGE POPULATION				
Citizen, 18 and over population	55,943	±590	55,943	(X)
Male	27,280	±540	48.8%	±0.7
Female	28,663	±395	51.2%	±0.7

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Table: ACSDPSY2022.DP05

ACS Demographic and Housing Estimates		
Note: The table shown may have been modified by user selections. Some information may be missing.		
DATA NOTES		
TABLE ID:	DP05	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2022	
DATASET:	ACSDPSY2022	
PRODUCT:	ACS 5-Year Estimates Data Profiles	
UNIVERSE:	None	
MLA:	U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022, https://data.census.gov/table/ACSDPSY2022.DP05?g=160XX00US3807200_040XX00US38 . Accessed on January 26, 2024.	
FTP URL:	None	
API URL:	https://api.census.gov/data/2022/acs/acs5/profile	
USER SELECTIONS		
GEOS	Bismarck city, North Dakota; North Dakota	
EXCLUDED COLUMNS		
	None	
APPLIED FILTERS		
	None	
APPLIED SORTS		
	None	
PIVOT & GROUPING		
PIVOT COLUMNS	None	
PIVOT MODE	Off	
ROW GROUPS	None	

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Table: ACSDP5Y2022.DP05

VALUE COLUMNS	None
WEB ADDRESS	https://data.census.gov/table/ACSDP5Y2022.DP05?g=160XX00US3807200_040XX00US38&tid=ACSDP5Y2022.DP05
TABLE NOTES	<p>Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, the decennial census is the official source of population totals for April 1st of each decennial year. In between censuses, the Census Bureau's Population Estimates Program produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.</p> <p>Information about the American Community Survey (ACS) can be found on the ACS website. Supporting documentation including code lists, subject definitions, data accuracy, and statistical testing, and a full list of ACS tables and table shells (without estimates) can be found on the Technical Documentation section of the ACS website.</p> <p>Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.</p> <p>Source: U.S. Census Bureau, 2018-2022 American Community Survey 5-Year Estimates</p> <p>Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.</p> <p>For more information on understanding Hispanic origin and race data, please see the America Counts: Stories Behind the Numbers article entitled, 2020 Census Illuminates Racial and Ethnic Composition of the Country, issued August 2021.</p>

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Table: ACSDP5Y2022.DP05

	The Hispanic origin and race codes were updated in 2020. For more information on the Hispanic origin and race code changes, please visit the American Community Survey Technical Documentation website.
	The 2018-2022 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances, the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineation lists due to differences in the effective dates of the geographic entities.
	Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on 2020 Census data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.
	Explanation of Symbols:- The estimate could not be computed because there were an insufficient number of sample observations. For a ratio of medians estimate, one or both of the median estimates falls in the lowest interval or highest interval of an open-ended distribution. For a 5-year median estimate, the margin of error associated with a median was larger than the median itself. N The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area. (X) The estimate or margin of error is not applicable or not available. median- The median falls in the lowest interval of an open-ended distribution (for example "2,500-") median+ The median falls in the highest interval of an open-ended distribution (for example "250,000+"). ** The margin of error could not be computed because there were an insufficient number of sample observations. *** The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution. ***** A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error and the margin of error may be treated as zero.
COLUMN NOTES	None

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Demo

Table: ACSST1Y2021.S1901

Bismarck city, North Dakota				
	Households		Families	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total	31,426	±1,267	16,532	±1,442
Less than \$10,000	2.9%	±1.3	1.8%	±1.5
\$10,000 to \$14,999	4.7%	±1.9	2.3%	±2.4
\$15,000 to \$24,999	7.9%	±2.7	2.8%	±2.0
\$25,000 to \$34,999	8.1%	±2.6	2.9%	±1.8
\$35,000 to \$49,999	13.0%	±3.3	7.0%	±3.4
\$50,000 to \$74,999	22.0%	±3.7	21.7%	±4.7
\$75,000 to \$99,999	12.3%	±3.4	17.1%	±4.8
\$100,000 to \$149,999	15.9%	±3.4	23.0%	±5.0
\$150,000 to \$199,999	10.2%	±3.2	16.6%	±5.3
\$200,000 or more	3.1%	±1.5	4.9%	±2.5
Median income (dollars)	61,861	±3,866	95,711	±10,764
Mean income (dollars)	83,281	±7,287	104,183	±8,529
PERCENT ALLOCATED				
Household income in the past 12 months	33.7%	(X)	(X)	(X)
Family income in the past 12 months	(X)	(X)	33.6%	(X)
Nonfamily income in the past 12 months	(X)	(X)	(X)	(X)

Demo

Table: ACSST1Y2021.S1901

	Married-couple families		Nonfamily households	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total	N	N	14,894	±1,617
Less than \$10,000	N	N	4.1%	±2.3
\$10,000 to \$14,999	N	N	7.3%	±3.1
\$15,000 to \$24,999	N	N	14.6%	±5.2
\$25,000 to \$34,999	N	N	13.3%	±5.1
\$35,000 to \$49,999	N	N	20.6%	±5.8
\$50,000 to \$74,999	N	N	21.9%	±6.3
\$75,000 to \$99,999	N	N	6.6%	±4.0
\$100,000 to \$149,999	N	N	7.4%	±3.9
\$150,000 to \$199,999	N	N	3.0%	±3.2
\$200,000 or more	N	N	1.1%	±1.3
Median income (dollars)	99,739	±6,745	43,250	±3,584
Mean income (dollars)	N	N	59,141	±11,677
PERCENT ALLOCATED				
Household income in the past 12 months	(X)	(X)	(X)	(X)
Family income in the past 12 months	(X)	(X)	(X)	(X)
Nonfamily income in the past 12 months	(X)	(X)	33.8%	(X)

Demo

Table: ACSST1Y2021.S1901

INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS)		United States [®] Census Bureau
Note: The table shown may have been modified by user selections. Some information may be missing.		
DATA NOTES		
TABLE ID:	S1901	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2021	
DATASET:	ACSST1Y2021	
PRODUCT:	ACS 1-Year Estimates Subject Tables	
UNIVERSE:	None	
MLA:	U.S. Census Bureau. "INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS)," American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901, 2021, https://data.census.gov/table/ACSST1Y2021.S1901?t=Income and Poverty&g=160XX00US3807200 . Accessed on February 1, 2022.	
FTP URL:	None	
API URL:	https://api.census.gov/data/2021/acs/acs1/subject	
USER SELECTIONS		
GEOS	Bismarck city, North Dakota	
TOPICS	Income and Poverty	
EXCLUDED COLUMNS	None	
APPLIED FILTERS	None	
APPLIED SORTS	None	
PIVOT & GROUPING		
PIVOT COLUMNS	None	
PIVOT MODE	Off	

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Demo

Table: ACSST1Y2021.S1901

ROW GROUPS	None
VALUE COLUMNS	None
WEB ADDRESS	https://data.census.gov/table/ACSST1Y2021.S1901?t=Income%20and%20Poverty&g=160XX00US3807200
TABLE NOTES	
	Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.
	Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section. Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.
	Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates
	Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.
	When information is missing or inconsistent, the Census Bureau logically assigns an acceptable value using the response to a related question or questions. If a logical assignment is not possible, data are filled using a statistical process called allocation, which uses a similar individual or household to provide a donor value. The "Allocated" section is the number of respondents who received an allocated value for a particular subject.

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Table: ACSST1Y2021.S1901

	The categories for relationship to householder were revised in 2019. For more information see Revisions to the Relationship to Household item.
	The 2021 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineations due to differences in the effective dates of the geographic entities.
	Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.
	Explanation of Symbols:- The estimate could not be computed because there were an insufficient number of sample observations. For a ratio of medians estimate, one or both of the median estimates falls in the lowest interval or highest interval of an open-ended distribution. For a 5-year median estimate, the margin of error associated with a median was larger than the median itself. N The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area. (X) The estimate or margin of error is not applicable or not available. median- The median falls in the lowest interval of an open-ended distribution (for example "2,500-") median+ The median falls in the highest interval of an open-ended distribution (for example "250,000+"). ** The margin of error could not be computed because there were an insufficient number of sample observations. *** The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution. **** A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error and the margin of error may be treated as zero.
COLUMN NOTES	None

Demo

Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
HOUSING OCCUPANCY				
Total housing units	35,034	±850	35,034	(X)
Occupied housing units	33,320	±1,366	95.1%	±2.8
Vacant housing units	1,714	±981	4.9%	±2.8
Homeowner vacancy rate	0.0	±0.5	(X)	(X)
Rental vacancy rate	8.4	±6.3	(X)	(X)
UNITS IN STRUCTURE				
Total housing units	35,034	±850	35,034	(X)
1-unit, detached	18,513	±1,462	52.8%	±3.9
1-unit, attached	2,266	±783	6.5%	±2.3
2 units	803	±490	2.3%	±1.4
3 or 4 units	1,049	±582	3.0%	±1.7
5 to 9 units	2,570	±965	7.3%	±2.8
10 to 19 units	1,938	±855	5.5%	±2.5
20 or more units	5,727	±1,138	16.3%	±3.1
Mobile home	2,168	±635	6.2%	±1.8
Boat, RV, van, etc.	0	±170	0.0%	±0.3
YEAR STRUCTURE BUILT				
Total housing units	35,034	±850	35,034	(X)
Built 2020 or later	495	±407	1.4%	±1.2
Built 2010 to 2019	6,673	±1,302	19.0%	±3.7
Built 2000 to 2009	4,279	±1,194	12.2%	±3.4
Built 1990 to 1999	4,469	±1,313	12.8%	±3.6
Built 1980 to 1989	3,490	±907	10.0%	±2.6
Built 1970 to 1979	7,440	±1,275	21.2%	±3.6
Built 1960 to 1969	3,231	±1,117	9.2%	±3.2
Built 1950 to 1959	2,161	±720	6.2%	±2.1
Built 1940 to 1949	575	±445	1.6%	±1.3
Built 1939 or earlier	2,221	±890	6.3%	±2.5
ROOMS				

Demo

Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	35,034	±850	35,034	(X)
1 room	366	±334	1.0%	±1.0
2 rooms	1,585	±651	4.5%	±1.8
3 rooms	2,581	±946	7.4%	±2.7
4 rooms	4,331	±929	12.4%	±2.6
5 rooms	5,685	±1,382	16.2%	±4.0
6 rooms	5,574	±1,246	15.9%	±3.6
7 rooms	4,093	±1,117	11.7%	±3.2
8 rooms	3,627	±1,350	10.4%	±3.8
9 rooms or more	7,192	±1,572	20.5%	±4.5
Median rooms	6.0	±0.3	(X)	(X)
BEDROOMS				
Total housing units	35,034	±850	35,034	(X)
No bedroom	490	±418	1.4%	±1.2
1 bedroom	3,776	±1,076	10.8%	±3.1
2 bedrooms	8,743	±1,436	25.0%	±4.1
3 bedrooms	11,575	±1,575	33.0%	±4.4
4 bedrooms	7,204	±1,267	20.6%	±3.6
5 or more bedrooms	3,246	±919	9.3%	±2.6
HOUSING TENURE				
Occupied housing units	33,320	±1,366	33,320	(X)
Owner-occupied	21,957	±1,532	65.9%	±3.7
Renter-occupied	11,363	±1,311	34.1%	±3.7
Average household size of owner-occupied unit	2.28	±0.12	(X)	(X)
Average household size of renter-occupied unit	1.93	±0.21	(X)	(X)
YEAR HOUSEHOLDER MOVED INTO UNIT				
Occupied housing units	33,320	±1,366	33,320	(X)

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Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
Moved in 2021 or later	6,048	±1,019	18.2%	±3.0
Moved in 2018 to 2020	7,474	±1,428	22.4%	±4.1
Moved in 2010 to 2017	9,658	±1,671	29.0%	±5.1
Moved in 2000 to 2009	5,373	±1,284	16.1%	±3.6
Moved in 1990 to 1999	2,377	±843	7.1%	±2.5
Moved in 1989 and earlier	2,390	±853	7.2%	±2.6
VEHICLES AVAILABLE				
Occupied housing units	33,320	±1,366	33,320	(X)
No vehicles available	2,400	±802	7.2%	±2.4
1 vehicle available	9,609	±1,516	28.8%	±4.3
2 vehicles available	11,435	±1,511	34.3%	±4.7
3 or more vehicles available	9,876	±1,800	29.6%	±5.1
HOUSE HEATING FUEL				
Occupied housing units	N	N	N	N
Utility gas	N	N	N	N
Bottled, tank, or LP gas	N	N	N	N
Electricity	N	N	N	N
Fuel oil, kerosene, etc.	N	N	N	N
Coal or coke	N	N	N	N
Wood	N	N	N	N
Solar energy	N	N	N	N
Other fuel	N	N	N	N
No fuel used	N	N	N	N
SELECTED CHARACTERISTICS				
Occupied housing units	33,320	±1,366	33,320	(X)
Lacking complete plumbing facilities	88	±111	0.3%	±0.3
Lacking complete kitchen facilities	88	±111	0.3%	±0.3
No telephone service available	255	±262	0.8%	±0.8

Demo

Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
OCCUPANTS PER ROOM				
Occupied housing units	N	N	N	N
1.00 or less	N	N	N	N
1.01 to 1.50	N	N	N	N
1.51 or more	N	N	N	N
VALUE				
Owner-occupied units	21,957	±1,532	21,957	(X)
Less than \$50,000	1,451	±638	6.6%	±2.8
\$50,000 to \$99,999	693	±448	3.2%	±2.1
\$100,000 to \$149,999	444	±371	2.0%	±1.7
\$150,000 to \$199,999	1,403	±544	6.4%	±2.4
\$200,000 to \$299,999	6,188	±1,207	28.2%	±5.4
\$300,000 to \$499,999	9,888	±1,911	45.0%	±7.5
\$500,000 to \$999,999	1,686	±709	7.7%	±3.3
\$1,000,000 or more	204	±242	0.9%	±1.1
Median (dollars)	312,300	±20,442	(X)	(X)
MORTGAGE STATUS				
Owner-occupied units	21,957	±1,532	21,957	(X)
Housing units with a mortgage	N	N	N	N
Housing units without a mortgage	N	N	N	N
SELECTED MONTHLY OWNER COSTS (SMOC)				
Housing units with a mortgage	N	N	N	N
Less than \$500	N	N	N	N
\$500 to \$999	N	N	N	N
\$1,000 to \$1,499	N	N	N	N
\$1,500 to \$1,999	N	N	N	N
\$2,000 to \$2,499	N	N	N	N
\$2,500 to \$2,999	N	N	N	N

Demo

Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
\$3,000 or more	N	N	N	N
Median (dollars)	1,814	±92	(X)	(X)
Housing units without a mortgage	N	N	N	N
Less than \$250	N	N	N	N
\$250 to \$399	N	N	N	N
\$400 to \$599	N	N	N	N
\$600 to \$799	N	N	N	N
\$800 to \$999	N	N	N	N
\$1,000 or more	N	N	N	N
Median (dollars)	600	±45	(X)	(X)
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME (SMOCAPI)				
Housing units with a mortgage (excluding units where SMOCAPI cannot be computed)	13,120	±1,659	13,120	(X)
Less than 20.0 percent	5,162	±1,296	39.3%	±8.4
20.0 to 24.9 percent	3,555	±1,273	27.1%	±8.5
25.0 to 29.9 percent	908	±408	6.9%	±3.2
30.0 to 34.9 percent	986	±593	7.5%	±4.4
35.0 percent or more	2,509	±970	19.1%	±7.5
Not computed	0	±170	(X)	(X)
Housing unit without a mortgage (excluding units where SMOCAPI cannot be computed)	8,728	±1,403	8,728	(X)
Less than 10.0 percent	4,593	±1,148	52.6%	±9.2
10.0 to 14.9 percent	1,646	±518	18.9%	±6.3
15.0 to 19.9 percent	722	±402	8.3%	±4.7
20.0 to 24.9 percent	222	±194	2.5%	±2.1
25.0 to 29.9 percent	228	±235	2.6%	±2.7

Demo

Table: ACSDP1Y2022.DP04

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
30.0 to 34.9 percent	378	±417	4.3%	±4.5
35.0 percent or more	939	±721	10.8%	±7.9
Not computed	109	±140	(X)	(X)
GROSS RENT				
Occupied units paying rent	N	N	N	N
Less than \$500	N	N	N	N
\$500 to \$999	N	N	N	N
\$1,000 to \$1,499	N	N	N	N
\$1,500 to \$1,999	N	N	N	N
\$2,000 to \$2,499	N	N	N	N
\$2,500 to \$2,999	N	N	N	N
\$3,000 or more	N	N	N	N
Median (dollars)	877	±48	(X)	(X)
No rent paid	N	N	(X)	(X)
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME (GRAPI)				
Occupied units paying rent (excluding units where GRAPI cannot be computed)	11,161	±1,361	11,161	(X)
Less than 15.0 percent	2,574	±962	23.1%	±8.2
15.0 to 19.9 percent	2,114	±805	18.9%	±6.6
20.0 to 24.9 percent	661	±421	5.9%	±3.9
25.0 to 29.9 percent	533	±439	4.8%	±3.9
30.0 to 34.9 percent	870	±547	7.8%	±4.8
35.0 percent or more	4,409	±1,090	39.5%	±8.6
Not computed	202	±214	(X)	(X)

Demo

2024 Unsheltered Point in Time - Unofficial Stats

Assigned Area	# of surveys completed with individual	# of observational surveys completed	Which Shift? (10-12) (12-2) (2-4)	Comments
Group 3	1	0	1st	Talked to 3 different individuals, only 1 claimed to be homeless living in his vehicle, Stalmart Truck Stop. Other 2 stated not homeless just resting in vehicle, passing through the area.
Group 2	0	0	1st	Did not see anyone
Group 4	0	1	1st	Near Tom O Leary Golf Course
Group 7	1	0	1st	Erberts/Gerberts/Wendy's Parking Lot, living in vehicle.
Group 6	1	0	1st	Survey completed with individual staying in vehicle, south Walmart. Referral made to MOTM. Also noted a maroon vehicle in Walmart parking lot with evidence someone was staying in it but no response when knocked.
Group 8 - Downtown	1	0	1st	Interviewed one individual downtown main street
Group 10	1	0	1st	Interviewed individual by Qdoba
Group 10	0	4	2nd	Burleigh County Housing Authority area
Group 1 & Mandan	0	0	2nd	Did not see anyone
Group 10 & 8 & Mandan	1	0	3rd	
Group 6 & 7	0	4	3rd	
Group 2,3,4	0	1	3rd	
Group 1, 9	2	0	3rd	
	8	10	18	
MOTM Coffee House			20	MOTM STAFF
Dream Center (1/25)			20	MOTM INTERN
Library (1/25)			1	MOTM INTERN
Heaven's Helpers (1/25)			4	MOTM INTERN
			45	
TOTAL # OF SURVEYS COMPLETED			63	

OFFICIAL DATA FROM COC

REGION 7 PIT COUNT	January 2024	January 2023	July 2023	January 2022	January 2021
Unsheltered		28	52	38	10
Emergency Shelter		93	92	102	113
Transitional Housing		14	19	18	51
Total		135	163	158	174

Demo



**HUD 2023 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report**

Important Notes About This Data: This report is based on information provided to HUD by Continuums of Care in the 2023 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last week of January 2023. The data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded). For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (<https://www.hudexchange.info/grantees/>). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

State: North Dakota

Summary of all available beds reported, aggregated to the state level:

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	95	300	513	10	823	36	34	n/a	35	49
Emergency Shelter	57	216	439	10	665	36	34	n/a	3	15
Safe Haven	0	0	26	0	26	n/a	n/a	n/a	26	0
Transitional Housing	38	84	48	0	132	n/a	n/a	n/a	6	34
Permanent Housing	88	239	482	0	721	n/a	n/a	n/a	258	0
Permanent Supportive Housing*	39	113	381	0	494	n/a	n/a	237	203	0
Rapid Re-Housing	28	71	58	0	129	n/a	n/a	n/a	55	0
Other Permanent Housing**	21	55	43	0	98	n/a	n/a	n/a	0	0
Grand Total	183	539	995	10	1,544	36	34	237	293	49

Summary of all available beds reported by Continuum of Care:

CoC Number: ND-500

CoC Name: North Dakota Statewide CoC

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	95	300	513	10	823	36	34	n/a	35	49
Emergency Shelter	57	216	439	10	665	36	34	n/a	3	15
Safe Haven	0	0	26	0	26	n/a	n/a	n/a	26	0
Transitional Housing	38	84	48	0	132	n/a	n/a	n/a	6	34
Permanent Housing	88	239	482	0	721	n/a	n/a	n/a	258	0
Permanent Supportive Housing*	39	113	381	0	494	n/a	n/a	237	203	0
Rapid Re-Housing	28	71	58	0	129	n/a	n/a	n/a	55	0
Other Permanent Housing**	21	55	43	0	98	n/a	n/a	n/a	0	0
Grand Total	183	539	995	10	1,544	36	34	237	293	49

*HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.
 **Other Permanent Housing (OPH) consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2022 HMIS Data Standards.
¹Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.
²Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.
³Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

Wednesday, December 6, 2023

Demo

Table: ACSST1Y2022.S1810

Bismarck city, North Dakota				
	Total		With a disability	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total civilian noninstitutionalized population	72,355	±353	10,133	±1,945
SEX				
Male	35,984	±875	4,182	±1,124
Female	36,371	±874	5,951	±1,549
RACE AND HISPANIC OR LATINO ORIGIN				
White alone	62,154	±1,179	9,149	±1,754
Black or African American alone	N	N	N	N
American Indian and Alaska Native alone	N	N	N	N
Asian alone	N	N	N	N
Native Hawaiian and Other Pacific Islander alone	N	N	N	N
Some other race alone	N	N	N	N
Two or more races	N	N	N	N
White alone, not Hispanic or Latino	61,153	±1,152	9,149	±1,754
Hispanic or Latino (of any race)	N	N	N	N
AGE				
Under 5 years	3,649	±811	0	±170
5 to 17 years	13,346	±1,241	692	±591
18 to 34 years	15,916	±1,177	1,808	±962
35 to 64 years	26,203	±1,412	3,703	±1,150
65 to 74 years	7,389	±989	1,570	±766
75 years and over	5,852	±515	2,360	±645
DISABILITY TYPE BY DETAILED AGE				

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Demo

Table: ACSST1Y2022.S1810

Percent with a disability		
Label	Estimate	Margin of Error
Total civilian noninstitutionalized population	14.0%	±2.7
SEX		
Male	11.6%	±3.1
Female	16.4%	±4.2
RACE AND HISPANIC OR LATINO ORIGIN		
White alone	14.7%	±2.8
Black or African American alone	N	N
American Indian and Alaska Native alone	N	N
Asian alone	N	N
Native Hawaiian and Other Pacific Islander alone	N	N
Some other race alone	N	N
Two or more races	N	N
White alone, not Hispanic or Latino	15.0%	±2.9
Hispanic or Latino (of any race)	N	N
AGE		
Under 5 years	0.0%	±3.2
5 to 17 years	5.2%	±4.5
18 to 34 years	11.4%	±6.1
35 to 64 years	14.1%	±4.3
65 to 74 years	21.2%	±10.3
75 years and over	40.3%	±10.7
DISABILITY TYPE BY DETAILED AGE		

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Demo

Table: ACSST1Y2022.S1810

Bismarck city, North Dakota				
	Total		With a disability	
Label	Estimate	Margin of Error	Estimate	Margin of Error
With a hearing difficulty	(X)	(X)	4,180	±1,258
Population under 18 years	16,995	±1,291	0	±170
Population under 5 years	3,649	±811	0	±170
Population 5 to 17 years	13,346	±1,241	0	±170
Population 18 to 64 years	42,119	±1,515	2,404	±1,095
Population 18 to 34 years	15,916	±1,177	812	±748
Population 35 to 64 years	26,203	±1,412	1,592	±814
Population 65 years and over	13,241	±1,136	1,776	±678
Population 65 to 74 years	7,389	±989	936	±531
Population 75 years and over	5,852	±515	840	±362
With a vision difficulty	(X)	(X)	1,757	±750
Population under 18 years	16,995	±1,291	0	±170
Population under 5 years	3,649	±811	0	±170
Population 5 to 17 years	13,346	±1,241	0	±170
Population 18 to 64 years	42,119	±1,515	1,278	±593
Population 18 to 34 years	15,916	±1,177	399	±375
Population 35 to 64 years	26,203	±1,412	879	±525
Population 65 years and over	13,241	±1,136	479	±422
Population 65 to 74 years	7,389	±989	238	±299
Population 75 years and over	5,852	±515	241	±285
With a cognitive difficulty	(X)	(X)	4,073	±1,203
Population under 18 years	13,346	±1,241	692	±591
Population 18 to 64 years	42,119	±1,515	2,433	±985
Population 18 to 34 years	15,916	±1,177	1,371	±770
Population 35 to 64 years	26,203	±1,412	1,062	±620
Population 65 years and over	13,241	±1,136	948	±573

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Demo

Table: ACSST1Y2022.S1810

Percent with a disability		
Label	Estimate	Margin of Error
With a hearing difficulty	5.8%	±1.7
Population under 18 years	0.0%	±0.7
Population under 5 years	0.0%	±3.2
Population 5 to 17 years	0.0%	±0.9
Population 18 to 64 years	5.7%	±2.6
Population 18 to 34 years	5.1%	±4.7
Population 35 to 64 years	6.1%	±3.0
Population 65 years and over	13.4%	±5.0
Population 65 to 74 years	12.7%	±7.1
Population 75 years and over	14.4%	±6.2
With a vision difficulty	2.4%	±1.0
Population under 18 years	0.0%	±0.7
Population under 5 years	0.0%	±3.2
Population 5 to 17 years	0.0%	±0.9
Population 18 to 64 years	3.0%	±1.4
Population 18 to 34 years	2.5%	±2.4
Population 35 to 64 years	3.4%	±2.0
Population 65 years and over	3.6%	±3.2
Population 65 to 74 years	3.2%	±4.0
Population 75 years and over	4.1%	±4.9
With a cognitive difficulty	5.9%	±1.7
Population under 18 years	5.2%	±4.5
Population 18 to 64 years	5.8%	±2.4
Population 18 to 34 years	8.6%	±4.9
Population 35 to 64 years	4.1%	±2.4
Population 65 years and over	7.2%	±4.3

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Demo

Table: ACSST1Y2022.S1810

Bismarck city, North Dakota				
	Total		With a disability	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Population 65 to 74 years	7,389	±989	525	±437
Population 75 years and over	5,852	±515	423	±316
With an ambulatory difficulty	(X)	(X)	4,573	±1,335
Population under 18 years	13,346	±1,241	0	±170
Population 18 to 64 years	42,119	±1,515	1,737	±754
Population 18 to 34 years	15,916	±1,177	530	±436
Population 35 to 64 years	26,203	±1,412	1,207	±612
Population 65 years and over	13,241	±1,136	2,836	±1,018
Population 65 to 74 years	7,389	±989	902	±701
Population 75 years and over	5,852	±515	1,934	±643
With a self-care difficulty	(X)	(X)	2,211	±814
Population under 18 years	13,346	±1,241	0	±170
Population 18 to 64 years	42,119	±1,515	986	±504
Population 18 to 34 years	15,916	±1,177	548	±422
Population 35 to 64 years	26,203	±1,412	438	±285
Population 65 years and over	13,241	±1,136	1,225	±608
Population 65 to 74 years	7,389	±989	369	±361
Population 75 years and over	5,852	±515	856	±460
With an independent living difficulty	(X)	(X)	3,678	±990
Population 18 to 64 years	42,119	±1,515	2,005	±776
Population 18 to 34 years	15,916	±1,177	1,103	±593
Population 35 to 64 years	26,203	±1,412	902	±488
Population 65 years and over	13,241	±1,136	1,673	±671
Population 65 to 74 years	7,389	±989	424	±365

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Table: ACSST1Y2022.S1810

Percent with a disability		
Label	Estimate	Margin of Error
Population 65 to 74 years	7.1%	±5.9
Population 75 years and over	7.2%	±5.6
With an ambulatory difficulty	6.7%	±1.9
Population under 18 years	0.0%	±0.9
Population 18 to 64 years	4.1%	±1.8
Population 18 to 34 years	3.3%	±2.8
Population 35 to 64 years	4.6%	±2.3
Population 65 years and over	21.4%	±7.6
Population 65 to 74 years	12.2%	±9.5
Population 75 years and over	33.0%	±10.6
With a self-care difficulty	3.2%	±1.2
Population under 18 years	0.0%	±0.9
Population 18 to 64 years	2.3%	±1.2
Population 18 to 34 years	3.4%	±2.7
Population 35 to 64 years	1.7%	±1.1
Population 65 years and over	9.3%	±4.5
Population 65 to 74 years	5.0%	±4.8
Population 75 years and over	14.6%	±7.8
With an independent living difficulty	6.6%	±1.8
Population 18 to 64 years	4.8%	±1.8
Population 18 to 34 years	6.9%	±3.8
Population 35 to 64 years	3.4%	±1.9
Population 65 years and over	12.6%	±5.1
Population 65 to 74 years	5.7%	±4.8

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Demo

Table: ACSST1Y2022.S1810

	Bismarck city, North Dakota			
	Total		With a disability	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Population 75 years and over	5,852	±515	1,249	±543

Demo

Table: ACSST1Y2022.S1810

Percent with a disability		
Label	Estimate	Margin of Error
Population 75 years and over	21.3%	±9.1

Demo

Table: ACSST1Y2022.S1810

Disability Characteristics		United States [®] Census Bureau
Note: The table shown may have been modified by user selections. Some information may be missing.		
DATA NOTES		
TABLE ID:	S1810	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2022	
DATASET:	ACSST1Y2022	
PRODUCT:	ACS 1-Year Estimates Subject Tables	
UNIVERSE:	None	
MLA:	U.S. Census Bureau. "Disability Characteristics." American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1810, 2022, https://data.census.gov/table/ACSST1Y2022.S1810?g=160XX00US3807200 . Accessed on August 12, 2024.	
FTP URL:	None	
API URL:	https://api.census.gov/data/2022/acs/acs1/subject	
USER SELECTIONS		
GEOS	Bismarck city, North Dakota	
EXCLUDED COLUMNS		
	None	
APPLIED FILTERS		
	None	
APPLIED SORTS		
	None	
PIVOT & GROUPING		
PIVOT COLUMNS	None	
PIVOT MODE	Off	
ROW GROUPS	None	
VALUE COLUMNS	None	
WEB ADDRESS		
	https://data.census.gov/table/ACSST1Y2022.S1810?g=160XX00US3807200	
TABLE NOTES		

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Table: ACSST1Y2022.S1810

	<p>Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, the decennial census is the official source of population totals for April 1st of each decennial year. In between censuses, the Census Bureau's Population Estimates Program produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.</p>
	<p>Information about the American Community Survey (ACS) can be found on the ACS website. Supporting documentation including code lists, subject definitions, data accuracy, and statistical testing, and a full list of ACS tables and table shells (without estimates) can be found on the Technical Documentation section of the ACS website.</p> <p>Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.</p>
	<p>Source: U.S. Census Bureau, 2022 American Community Survey 1-Year Estimates</p>
	<p>Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented</p>
	<p>The Census Bureau introduced a new set of disability questions in the 2008 ACS questionnaire. Accordingly, comparisons of disability data from 2008 or later with data from prior years are not recommended. For more information on these questions and their evaluation in the 2006 ACS Content Test, see the Evaluation Report Covering Disability.</p>
	<p>For cognitive difficulty, ambulatory difficulty, and self-care difficulty, the 'Population under 18 years' includes persons aged 5 to 17. Children under 5 are not included in these measures.</p>
	<p>The 2022 American Community Survey (ACS) data generally reflect the March 2020 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineations due to differences in the effective dates of the geographic entities.</p>
	<p>Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on 2020 Census data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.</p>

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Table: ACSST1Y2022.S1810

	<p>Explanation of Symbols:- The estimate could not be computed because there were an insufficient number of sample observations. For a ratio of medians estimate, one or both of the median estimates falls in the lowest interval or highest interval of an open-ended distribution. For a 5-year median estimate, the margin of error associated with a median was larger than the median itself. N The estimate or margin of error cannot be displayed because there were an insufficient number of sample cases in the selected geographic area. (X) The estimate or margin of error is not applicable or not available. median- The median falls in the lowest interval of an open-ended distribution (for example "2,500-") median+ The median falls in the highest interval of an open-ended distribution (for example "250,000+"). ** The margin of error could not be computed because there were an insufficient number of sample observations. *** The margin of error could not be computed because the median falls in the lowest interval or highest interval of an open-ended distribution. ***** A margin of error is not appropriate because the corresponding estimate is controlled to an independent population or housing estimate. Effectively, the corresponding estimate has no sampling error and the margin of error may be treated as zero.</p>
COLUMN NOTES	None

Information reflected in the above tables was accessed between 2/7/24 and 8/20/24.

NA-10 Housing Needs Assessment - 24 CFR 91.205 (a,b,c)

Summary of Housing Needs

The population of Bismarck continues to increase, resulting in more households and more households with housing problems. Housing problems are characterized by overcrowding, lack of complete plumbing or kitchen facilities, and cost burden.

HUD defines an overcrowded household as having between 1.01 and 1.50 occupants per room and a severely overcrowded household as one with more than 1.51 occupants per room. This type of condition can be seen in both renter and owner-occupied households.

According to the Census Bureau, a housing unit is classified as lacking complete kitchen facilities when any of the following is not present in a housing unit: a sink with piped hot and cold water, a range or cooktop and oven, and a refrigerator. A housing unit is categorized as lacking complete plumbing facilities when any of the following items are missing from the housing unit: piped hot and cold water, a flush toilet and a bathtub or shower. A lack of these facilities indicates that the housing unit is likely to be unsuitable.

Another type of housing problem reported is cost burden, which occurs when a household has gross housing costs that range from 30 to 49.9 percent of their gross household income. Severe cost burden occurs when gross housing costs represent 50 percent or more of gross household income. For homeowners, gross housing costs include property taxes, insurance, and utilities (energy costs, water, sewer, and refuse collection). If a homeowner has a mortgage, the determination also includes principal and interest payments on the mortgage loan. For renters, this figure represents monthly rent plus utilities.

Based on the ACS and CHAS data populated, it is apparent that elderly households in Bismarck, particularly those over 75 who rent, experience a higher rate of cost burden. Affordable housing overall continues to be a priority for the City of Bismarck and the CDBG program supports agencies that connect cost burdened and elderly individuals to services. The population of households over the age of 62 makes up nearly 45% of the households in the 0-30% HAMFI range. Additionally, the highest rate of housing problems is in those rental households where the AMI is 0-30%.

City staff advocates for these household types by seeking agency updates through participation in the Missouri Valley Coalition for Homeless People, general consultation with interested parties through public participation opportunities and assessments of needs during the preparation of both short and long-term plans.

A number of agencies have identified a low-barrier shelter as a high priority need throughout the development of this Plan through forums, focus groups, surveys and input opportunities. Although a precise definition of low-barrier shelter has not been determined for Bismarck, entrance to the shelter would have fewer limitations based on drug and alcohol screening, curfews, criminal history, pets or

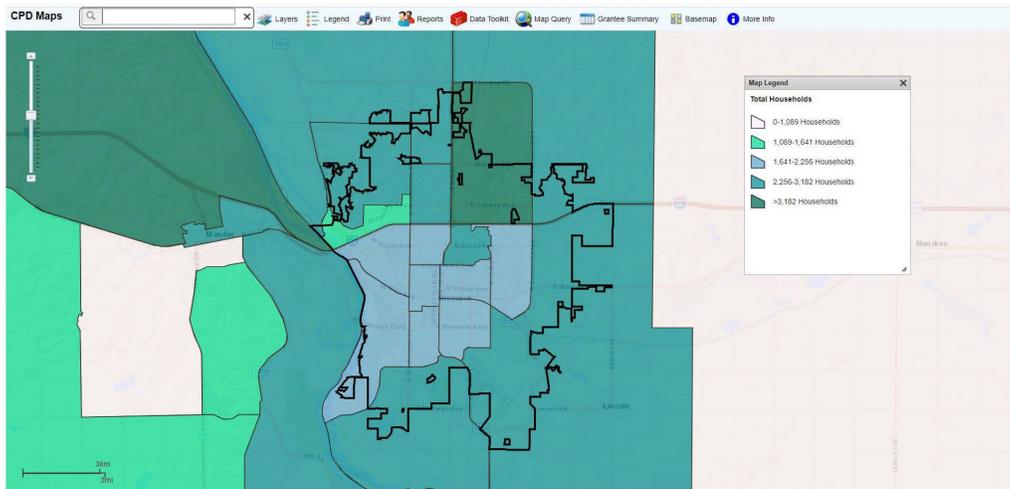
Demo

other restrictions currently in place in existing shelters. A low-barrier shelter may still refuse entry for good cause.

Demographics	Base Year: 2009	Most Recent Year: 2017	% Change
Population	66,980	73,435	10%
Households	29,715	32,395	9%
Median Income	\$58,901.00	\$67,629.00	15%

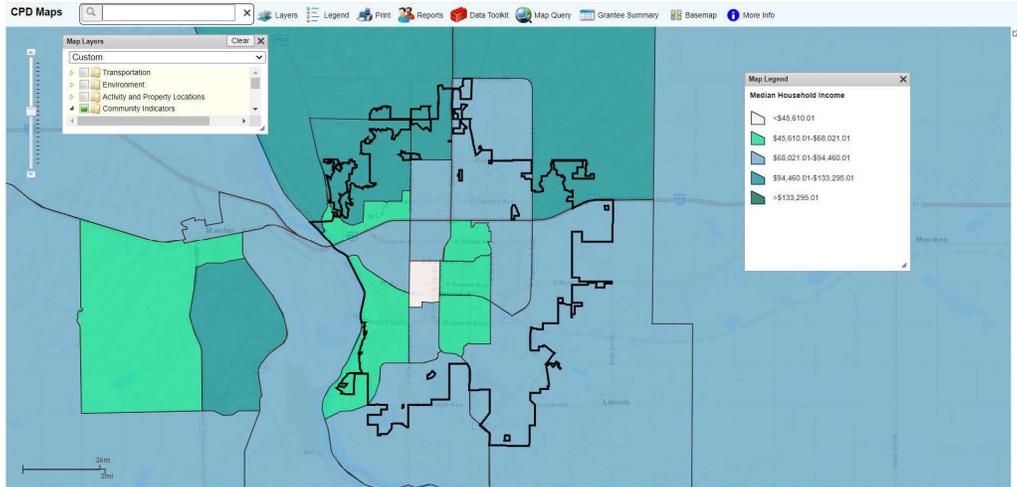
Table 5 - Housing Needs Assessment Demographics

Data Source: 2000 Census (Base Year), 2013-2017 ACS (Most Recent Year)



CPD Total Households

Demo



CPD Median Income

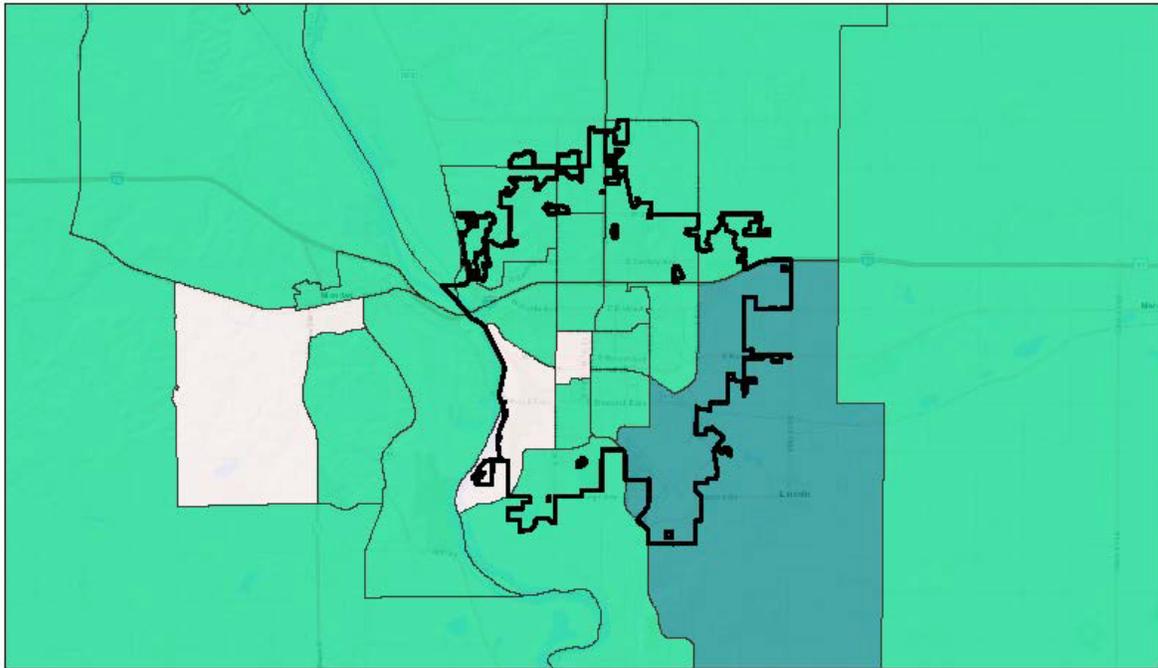
Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households	4,410	3,900	5,735	4,140	14,210
Small Family Households	565	855	1,645	1,485	6,985
Large Family Households	225	135	510	210	1,275
Household contains at least one person 62-74 years of age	855	540	1,155	750	3,130
Household contains at least one person age 75 or older	1,125	1,175	635	375	915
Households with one or more children 6 years old or younger	595	550	915	725	1,925

Table 6 - Total Households Table

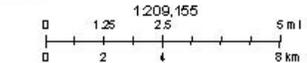
Data 2013-2017 CHAS
Source:

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



August 13, 2024

Override 1 AverageHouseholdSize 2-3 People
0-2 People 3-4 People



1209,155
Sources: Esri, HERE, Garmin, USGS, Imagery, INCREMENTAL P, NRCAN, Esri, Japan, METI, Esri China (Hong Kong), Swisstopo, Esri (France), IGN, IG, OpenStreetMap contributors, and the GIS User Community

CPD Average Household Size

Demo

Table: DECENNIALDP2020.DP1

Bismarck city, North Dakota		
Label	Count	Percent
SEX AND AGE		
Total population	73,622	100.0%
Under 5 years	4,595	6.2%
5 to 9 years	4,626	6.3%
10 to 14 years	4,362	5.9%
15 to 19 years	4,323	5.9%
20 to 24 years	4,865	6.6%
25 to 29 years	5,449	7.4%
30 to 34 years	5,471	7.4%
35 to 39 years	5,244	7.1%
40 to 44 years	4,393	6.0%
45 to 49 years	3,803	5.2%
50 to 54 years	3,750	5.1%
55 to 59 years	4,354	5.9%
60 to 64 years	4,786	6.5%
65 to 69 years	4,117	5.6%
70 to 74 years	3,156	4.3%
75 to 79 years	2,355	3.2%
80 to 84 years	1,721	2.3%
85 years and over	2,252	3.1%
Selected Age Categories		
16 years and over	59,179	80.4%
18 years and over	57,538	78.2%
21 years and over	54,763	74.4%
62 years and over	16,399	22.3%
65 years and over	13,601	18.5%
Male population		
Under 5 years	2,354	6.5%
5 to 9 years	2,343	6.4%
10 to 14 years	2,234	6.1%

USCB Population by Age Page 1

Table: DECENNIALDP2020.DP1

Bismarck city, North Dakota		
Label	Count	Percent
15 to 19 years	2,228	6.1%
20 to 24 years	2,484	6.8%
25 to 29 years	2,886	7.9%
30 to 34 years	2,846	7.8%
35 to 39 years	2,751	7.5%
40 to 44 years	2,353	6.4%
45 to 49 years	1,924	5.3%
50 to 54 years	1,952	5.4%
55 to 59 years	2,098	5.8%
60 to 64 years	2,241	6.1%
65 to 69 years	1,880	5.2%
70 to 74 years	1,440	3.9%
75 to 79 years	1,044	2.9%
80 to 84 years	654	1.8%
85 years and over	769	2.1%
Selected Age Categories		
16 years and over	29,147	79.9%
18 years and over	28,298	77.6%
21 years and over	26,807	73.5%
62 years and over	7,111	19.5%
65 years and over	5,787	15.9%
Female population		
Under 5 years	2,241	6.0%
5 to 9 years	2,283	6.1%
10 to 14 years	2,128	5.7%
15 to 19 years	2,095	5.6%
20 to 24 years	2,381	6.4%
25 to 29 years	2,563	6.9%
30 to 34 years	2,625	7.1%
35 to 39 years	2,493	6.7%

USCB Population by Age Page 2

Demo

Table: DECENNIALDP2020.DP1

Bismarck city, North Dakota		
Label	Count	Percent
40 to 44 years	2,040	5.5%
45 to 49 years	1,879	5.1%
50 to 54 years	1,798	4.8%
55 to 59 years	2,256	6.1%
60 to 64 years	2,545	6.9%
65 to 69 years	2,237	6.0%
70 to 74 years	1,716	4.6%
75 to 79 years	1,311	3.5%
80 to 84 years	1,067	2.9%
85 years and over	1,483	4.0%
Selected Age Categories		
16 years and over	30,032	80.9%
18 years and over	29,240	78.7%
21 years and over	27,956	75.3%
62 years and over	9,288	25.0%
65 years and over	7,814	21.0%
Both sexes	37.9	(X)
Male	36.5	(X)
Female	39.5	(X)

USCB Population by Age Page 3

Housing Needs Summary Tables

1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Substandard Housing - Lacking complete plumbing or kitchen facilities	110	0	15	10	135	0	0	10	0	10
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	25	4	60	10	99	0	0	25	20	45
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	20	10	60	15	105	0	0	20	185	205
Housing cost burden greater than 50% of income (and none of the above problems)	1,865	350	0	0	2,215	565	155	45	10	775

Demo

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Housing cost burden greater than 30% of income (and none of the above problems)	400	1,075	220	170	1,865	370	315	720	310	1,715
Zero/negative Income (and none of the above problems)	325	0	0	0	325	95	0	0	0	95

Table 7 – Housing Problems Table

Data 2013-2017 CHAS
 Source:

Demo

Comprehensive Housing Affordability Strategy ("CHAS") data

Summary Level: City

Created on: August 12, 2024

Data for: Bismarck city, North Dakota

Year Selected: 2016-2020 ACS

Income Distribution Overview	Owner	Renter	Total	
Household Income less-than or= 30% HAMFI	1,340	3,070	4,410	
Household Income >30% to less-than or= 50% HAMFI	1,720	2,180	3,900	
Household Income >50% to less-than or= 80% HAMFI	3,225	2,515	5,740	
Household Income >80% to less-than or=100% HAMFI	2,730	1,410	4,140	
Household Income >100% HAMFI	12,035	2,175	14,210	
Total	21,045	11,350	32,395	
Housing Problems Overview 1	Owner	Renter	Total	
Household has at least 1 of 4 Housing Problems	3,300	4,550	7,850	
Household has none of 4 Housing Problems	17,740	6,800	24,540	
Cost burden not available, no other problems				
Total	21,045	11,350	32,395	
Severe Housing Problems Overview 2	Owner	Renter	Total	
Household has at least 1 of 4 Severe Housing Problems	1,160	2,665	3,825	
Household has none of 4 Severe Housing Problems	19,885	8,685	28,570	
Cost burden not available, no other problems				
Total	21,045	11,350	32,395	
Housing Cost Burden Overview 3	Owner	Renter	Total	
Cost Burden less-than or= 30%	18,010	6,765	24,775	
Cost Burden >30% to less-than or= 50%	2,165	1,930	4,095	
Cost Burden >50%	779	2,340	3,119	
Cost Burden not available	95	325	420	
Total	21,045	11,350	32,395	
Income by Housing Problems (Owners and Renters)	Household has at least 1 of 4 Housing Problems	Household has none of 4 Housing Problems	Cost Burden not available, no other housing problem	Total
Household Income less-than or= 30% HAMFI	3,355	1,055		4,410

CHAS Housing Problems Page 1

Demo

Household Income >30% to less-than or= 50% HAMFI	1,900	2,000		3,900
Household Income >50% to less-than or= 80% HAMFI	1,175	4,560		5,740
Household Income >80% to less-than or= 100% HAMFI	730	3,410		4,140
Household Income >100% HAMFI	690	13,525		
Total	7,850	24,540		32,395
Income by Housing Problems (Renters only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	2,420	650		3,070
Household Income >30% to less-than or= 50% HAMFI	1,435	745		2,180
Household Income >50% to less-than or= 80% HAMFI	355	2,160		2,515
Household Income >80% to less-than or= 100% HAMFI	205	1,205		1,410
Household Income >100% HAMFI	135	2,045		2,175
Total	4,550	6,800		11,350
Income by Housing Problems (Owners only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	935	405		1,340
Household Income >30% to less-than or= 50% HAMFI	465	1,255		1,720
Household Income >50% to less-than or= 80% HAMFI	820	2,400		3,225
Household Income >80% to less-than or= 100% HAMFI	525	2,205		2,730
Household Income >100% HAMFI	555	11,480		12,035
Total	3,300	17,740		21,045
Income by Cost Burden (Owners and Renters)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	3,295	2,510	4,410	
Household Income >30% to less-than or= 50% HAMFI	1,895	510	3,900	
Household Income >50% to less-than or= 80% HAMFI	1,045	60	5,740	

CHAS Housing Problems Page 2

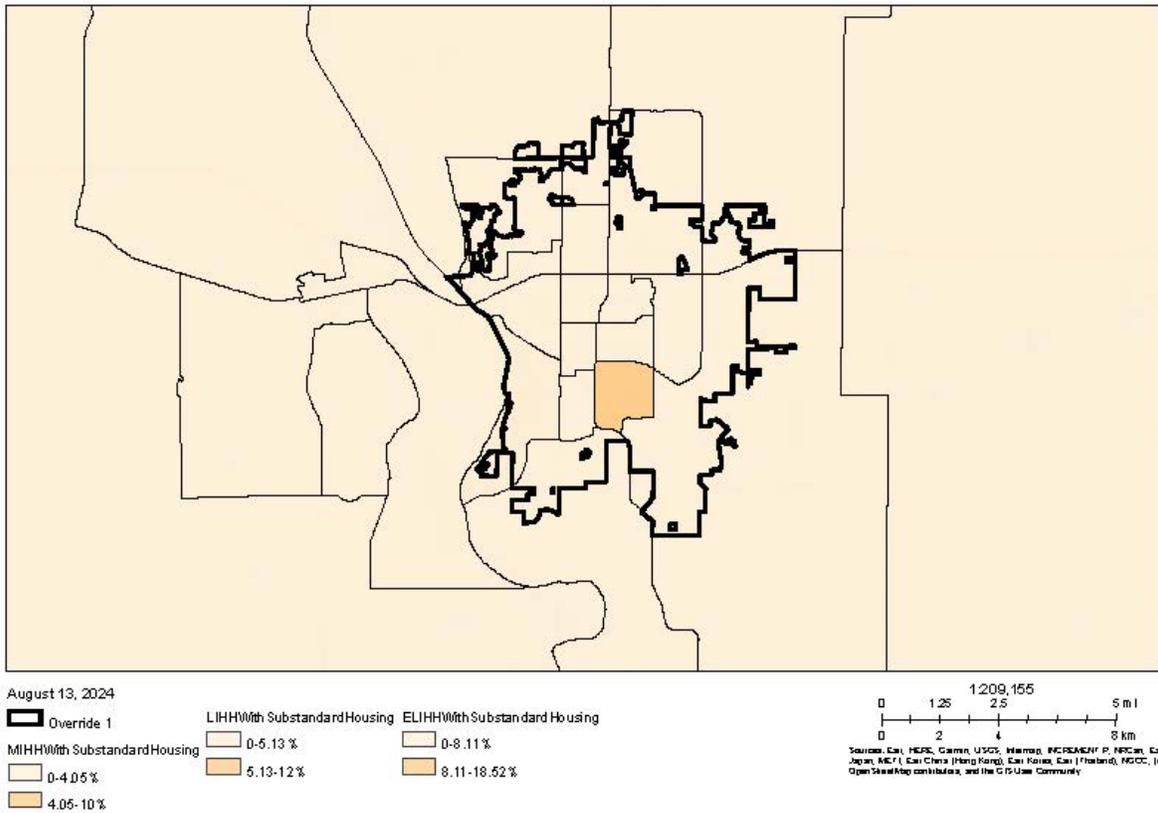
Demo

Household Income >80% to less-than or= 100% HAMFI	500	20	4,140	
Household Income >100% HAMFI	465	15	14,210	
Total	7,200	3,119	32,395	
Income by Cost Burden (Renters only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	2,360	1,945	3,070	
Household Income >30% to less-than or= 50% HAMFI	1,435	360	2,180	
Household Income >50% to less-than or= 80% HAMFI	260	15	2,515	
Household Income >80% to less-than or= 100% HAMFI	180	10	1,410	
Household Income >100% HAMFI	35	10	2,175	
Total	4,270	2,340	11,350	
Income by Cost Burden (Owners only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	935	565	1,340	
Household Income >30% to less-than or= 50% HAMFI	470	155	1,720	
Household Income >50% to less-than or= 80% HAMFI	785	45	3,225	
Household Income >80% to less-than or= 100% HAMFI	320	10	2,730	
Household Income >100% HAMFI	434	4	12,035	
Total	2,944	779	21,045	

1. The four housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
2. The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%.
3. Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

CHAS Housing Problems Page 3

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



CPD ELMI Substandard Housing Map

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Having 1 or more of four housing problems	2,020	365	130	35	2,550	565	155	100	215	1,035
Having none of four housing problems	1,045	1,815	2,380	1,375	6,615	775	1,565	3,120	2,515	7,975

Demo

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Household has negative income, but none of the other housing problems	0	0	0	0	0	0	0	0	0	0

Table 8 – Housing Problems 2

Data 2013-2017 CHAS
Source:

3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	325	385	90	800	105	90	275	470
Large Related	225	45	0	270	0	0	130	130
Elderly	715	355	35	1,105	630	275	315	1,220
Other	1,100	650	135	1,885	195	100	65	360
Total need by income	2,365	1,435	260	4,060	930	465	785	2,180

Table 9 – Cost Burden > 30%

Data 2013-2017 CHAS
Source:

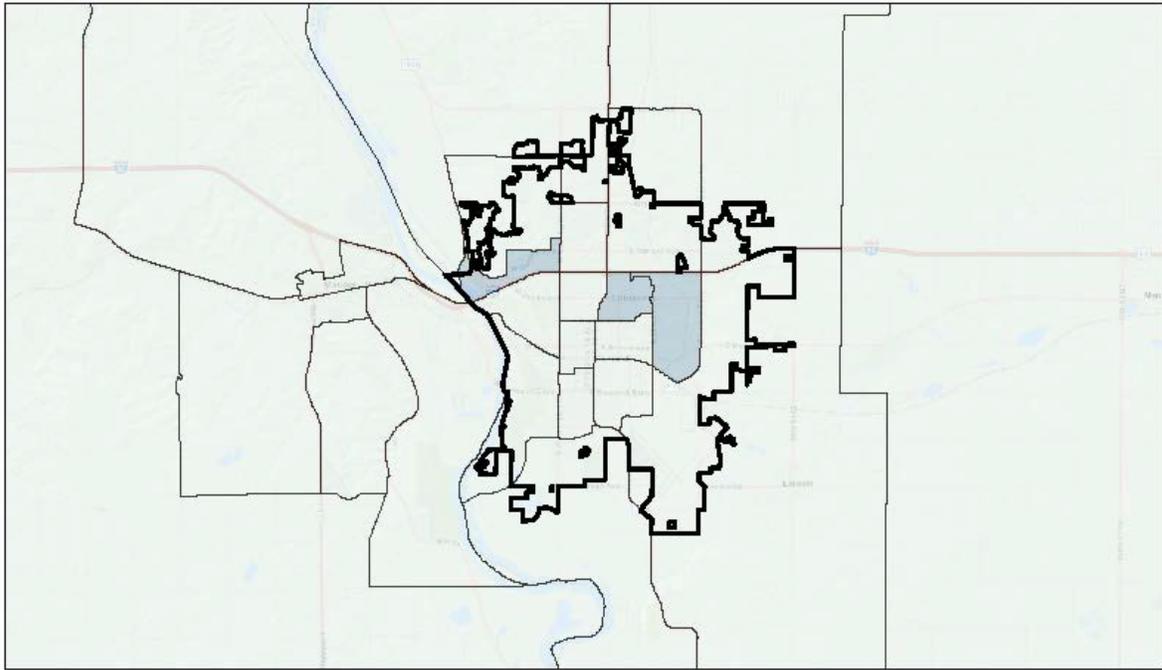
4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	0	0	35	35	85	35	0	120
Large Related	0	0	35	35	0	0	0	0
Elderly	655	200	15	870	345	85	20	450
Other	0	910	90	1,000	135	0	0	135
Total need by income	655	1,110	175	1,940	565	120	20	705

Table 10 – Cost Burden > 50%

Data 2013-2017 CHAS
Source:

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



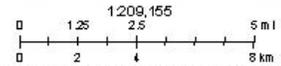
August 13, 2024

Override 1

29.28-38.78% Paying>30%

HousingCostBurden

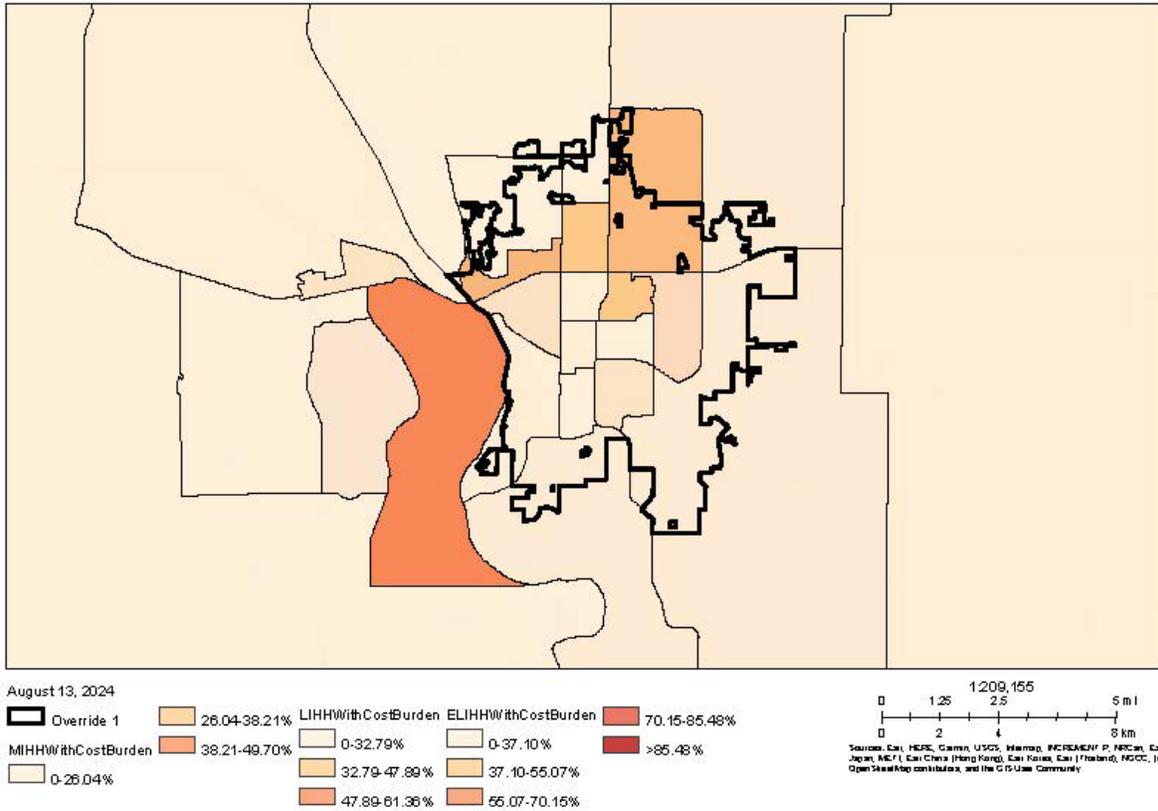
0-29.28% Paying>30%



Sources: Esri, HERE, Garmin, USGS, Imagery, INCREMENTAL P, NRCAN, Esri, Japan, METI, Swisstopo, (Hong Kong), Swisstopo, Esri (Thailand), NAVTEQ, and OpenStreetMap contributors, and the GIS User Community

CPD Cost Burden Map

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



CPD ELMI Cost Burden Map

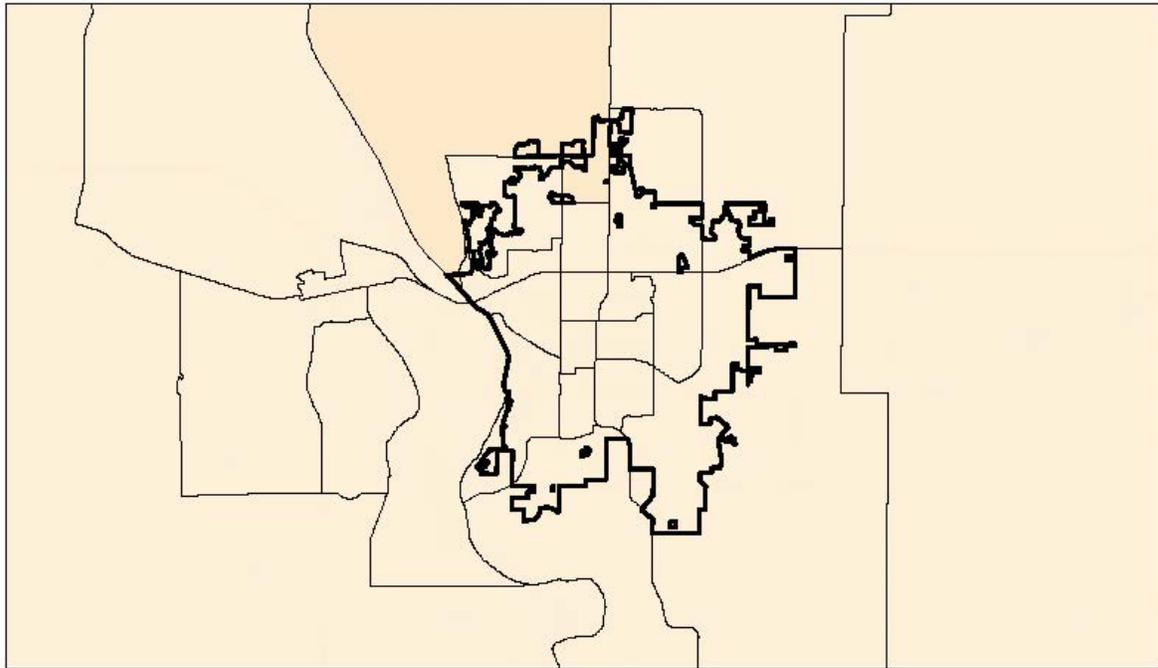
5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	20	14	85	15	134	0	0	45	205	250
Multiple, unrelated family households	4	0	0	0	4	0	0	0	0	0
Other, non-family households	25	0	35	10	70	0	0	0	0	0
Total need by income	49	14	120	25	208	0	0	45	205	250

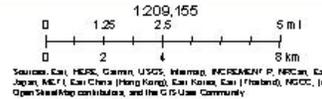
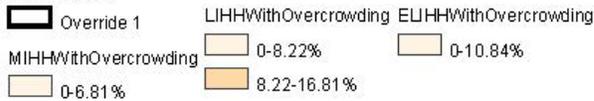
Table 11 – Crowding Information – 1/2

Data: 2013-2017 CHAS
Source:

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



August 13, 2024



CPD Overcrowding Map

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	0	0	0	0	0	0	0	0

Table 12 – Crowding Information – 2/2

Data Source
Comments:

Describe the number and type of single person households in need of housing assistance.

There were 11,671 one-person (non-family) households in Bismarck in 2020, an 18 percent increase from 2010. The 2023 MFI for Bismarck was \$109,000. Based on federal poverty rates, it is estimated that 5,989 of these households (51 percent) are of a low or very-low income status and would qualify for housing assistance. 2022 ACS data has estimated that 1,014 of all households in Bismarck participate in a form of public assistance income. The local public housing authority, Burleigh County Housing Authority, more recently reported that 1,124 vouchers are managed by their agency and historically, availability is limited and households are placed on a wait list.

Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.

The Census Bureau surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents who report any one of the six disability types are considered to have a disability. By this definition, 12.8 percent of Bismarck residents were considered to be living with some form of disability in 2017 (five-year ACS data). For that portion of the population age 65 and older, 31.2 percent were considered to be living with some form of disability.

According to the Centers for Disease Control and Prevention (CDC), about 33 percent of women and 25 percent of men age 18 and older have experienced contact sexual violence, physical violence or stalking by an intimate partner in their lifetime. Intimate Partner Violence (IPV) in youth from groups that have been marginalized are at greater risk of experiencing sexual and physical dating violence. Applying these rates to the Bismarck population of women and men age 18 and older indicates that approximately 7,075 male residents and 9,649 female residents have likely experienced some type of domestic violence, dating violence, sexual assault and/or stalking by an intimate partner.

Although the supportive and housing services needed by domestic violence victims varies by individual, all likely need health care and counseling immediately following the event and continued mental health support to assist with the traumatic stress related to the event. Affordable housing is also critical, as the National Alliance to End Homelessness reports that studies on homelessness have shown a correlation between domestic violence and homelessness. Locally, Abused Adult Resource Center (AARC), serves adult victims of domestic violence, sexual assault and human trafficking, as well as their affected children. From 2022-2023, the number of victims of domestic violence receiving services at AARC increased by 4%, and new sexual assault victims increased by 25%. The overall total number of adult clients increased by 9%. Of the 22,817 individuals served in 2023, 52% were White and 32% were American Indian/Alaskan Native. The remaining 16% was a combination of Asian, Black, Hispanic, Native Hawaiian, Other/Mixed or did not have an ethnicity reported.

Throughout 2023, shelter was provided by AARC for 10,813 nights to 154 families and 127 children. Estimates by AARC indicate 90-95% of clients are at the poverty level or below and could benefit from housing assistance.

What are the most common housing problems?

The most common housing problems in Bismarck are cost burden and severe cost burden for both owners and renters, specifically those in the elderly age category. According to 2013-2017 CHAS data,

an estimated 17 percent of low- and moderate-income households were cost burdened or severely cost burdened in 2017.

The Census Bureau and HUD identified the following four housing problems in the CHAS data. Households are considered to have housing problems if they have one or more of the following four problems:

1. Housing unit lacks complete kitchen facilities;
2. Housing unit lacks complete plumbing facilities;
3. Household is overcrowded; or
4. Household is cost burdened.

Incomplete plumbing and kitchen facilities are an indicator of potential housing problems. According to the Census Bureau, a housing unit is classified as lacking complete plumbing facilities when any of the following are not present: piped hot and cold water, a flush toilet, and a bathtub or shower. Likewise, a unit is categorized as deficient when any of the following are missing from the kitchen: a sink with piped hot and cold water, a range or cook top and oven, and a refrigerator. As shown in Table 7 – Housing Problems, less than 1 percent of housing units occupied by low- to moderate-income households lacked complete plumbing facilities in 2013-2017.

Overcrowding is defined as having between 1.01 and 1.50 persons per room per residence, with severe overcrowding defined as having more than 1.5 people per room. Households with overcrowding are shown in Table 7 – Housing Problems Table. In 2013-2017, less than one percent of low- and moderate-income households were overcrowded or severely overcrowded.

While few households continue to be affected by the problems of incomplete plumbing facilities or overcrowding, many are considerably impacted by cost burdening. Households of those ages 62 and older are the most affected by cost burden according to the 2013-2017 CHAS data.

Are any populations/household types more affected than others by these problems?

Small related and elderly households where individuals are 62 or older continue to be the most impacted by cost burden and severe cost burden. Housing problems overall for these populations and household types are relatively low.

Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance

Those households with incomes at or below 30 percent AMI historically are the most at risk of homelessness. For the data provided, this includes 4,410 households in Bismarck. Of these, 3295 have a cost burden of greater than 30% of their income. North Dakota regional demographics for Region 7, which includes the City of Bismarck, shows a total of 541 individuals in either single occupancy, emergency shelter, coordinated entry, permanent supportive housing, homeless prevention, supportive services only or rapid rehousing living situations as of November 2023.

Of these counts, 15 clients are in a rapid rehousing status, either short or medium-term, and would be in need of permanent housing within the 4-24 months timeframe. Additionally, 139 clients are in an emergency shelter living situation, 204 are in single occupancy, 67 are in permanent supportive housing, 92 are receiving coordinated entry services, 48 clients are receiving homelessness prevention services and 31 are receiving support services only. These populations are all at an increased risk of homelessness. The City of Bismarck has identified gaps in the availability of programming and/or shelter both after 9AM and before 8PM, as well as for those individuals with pets, intoxicated or under the influence of drugs, single men with children and wheelchair bound as there are currently no shelter options for individuals falling into those criteria. The Consolidated Plan has continued to support efforts for the implementation of low-barrier services to combat this gap.

52 children, ages 17 and younger, are included in the above mentioned data. Additionally, CHAS data shows approximately 15% of households with children ages 6 and under are of a low- to moderate-income status.

If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:

2013-2017 CHAS data is used to determine households most at risk of homelessness, in addition to regional demographics based statistics from the North Dakota Homeless Management Information System (NDHMIS). This data shows the highest at-risk population is in those households cost burdened by spending 50 percent or more of their income on housing . These households are also the most likely to have limited capacity when adjusting to additional expenses related to rising home prices, shifts in rents, property tax increases and negative change to household income.

NDHMIS is also used to analyze the 541 individuals referenced as being at imminent risk of becoming unsheltered are a summary of the population in all of Region 7, which includes the City of Bismarck. In

addition to those living in the various household statuses indicated, 12% have a history of domestic violence, 44.5% have a disability, and 14.8% are considered chronically homeless. The race/ethnicity most likely to experience homelessness based on this data are white, at 37.7%, and American Indian, Alaska Native or Indigenous, at 33.6%.

Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness

The Office of Disease Prevention and Health Promotion identifies a number of challenges such as trouble paying rent, overcrowding, moving frequently or spending the bulk of household income on housing as factors that may lead to housing instability and an increased risk of homelessness. The number of cost burdened households in Bismarck is over 40% of all households, with 47.3% of households paying rent are cost burdened by more than 30% of their income going towards their rent and living expenses.

Where information is gathered by the National Center for Homeless Education, the highest percentage (75%) of homeless children enrolled in public schools are in a nighttime residence that is doubled-up with another family. The remaining 25% have been counted as living in a hotel/motel, in shelters or transitional housing, or unsheltered in spaces not suitable for a nighttime residence such as cars, parks, campground and abandoned buildings.

According to the National Alliance to End Homelessness, and Point in Time counts provided to the Continuum of Care, the homeless population decreased by 4% from 2007-2022. An estimated 610 people were homeless on the night the count was conducted. Unofficial PIT counts for Bismarck in 2023 indicate 63 individuals were considered unsheltered on the day the count was conducted.

Individuals exiting correctional facilities and health care facilities will most commonly receive services from Ministry on the Margins and the future medical respite facility, Stepping Stone Ministries. Where youth in the community are lacking support networks, referrals to Youthworks may be made by employees of public instruction or law enforcement.

Discussion

2022 ACS data has estimated that 1,014 of all households in Bismarck participate in a form of public assistance income. It can be concluded that Bismarck continues to experience a high rate of cost burden in households of low- moderate-income levels. Those households with individuals 62 years and older appear to be especially affected. This information supports the ongoing efforts and goals to create more affordable housing, maintain current affordable housing stock and promote programs that assist low- to moderate-income and senior-aged households.

NA-15 Disproportionately Greater Need: Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

This section discusses disproportionately needs where members of a racial or ethnic group at a given income level experience housing problems at a greater rate than the income level as a whole. The threshold is defined as 10 percentage points or more. Although the purpose of the tables below is to analyze the relative level of need for each race and ethnicity, the data also provide information for the jurisdiction as a whole that can be useful in describing overall need.

Disproportionate housing needs in a population are defined as having one or more of the following housing problems in greater proportion than the jurisdiction as a whole: 1) housing lacks complete kitchen facilities; 2) housing lacks complete plumbing facilities; 3) household has more than one person per room; and 4) household cost burden is greater than 30 percent of AMI.

When calculating disproportionate needs, the Hispanic, American Indian/Alaska Native, Black/African American and Asian ethnic groups were those populations reporting a higher need than the overall jurisdiction rate in one or more AMI ranges. There were no Pacific Islander households reporting.

0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	3,000	730	270
White	2,335	670	210
Black / African American	30	0	60
Asian	0	0	0
American Indian, Alaska Native	485	0	0
Pacific Islander	0	0	0
Hispanic	115	0	0

Table 13 - Disproportionally Greater Need 0 - 30% AMI

Data 2013-2017 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

Demo

Comprehensive Housing Affordability Strategy ("CHAS") data

Summary Level: City

Created on: August 12, 2024

Data for: Bismarck city, North Dakota

Year Selected: 2016-2020 ACS

Income Distribution Overview	Owner	Renter	Total	
Household Income less-than or= 30% HAMFI	1,340	3,070	4,410	
Household Income >30% to less-than or= 50% HAMFI	1,720	2,180	3,900	
Household Income >50% to less-than or= 80% HAMFI	3,225	2,515	5,740	
Household Income >80% to less-than or=100% HAMFI	2,730	1,410	4,140	
Household Income >100% HAMFI	12,035	2,175	14,210	
Total	21,045	11,350	32,395	
Housing Problems Overview 1	Owner	Renter	Total	
Household has at least 1 of 4 Housing Problems	3,300	4,550	7,850	
Household has none of 4 Housing Problems	17,740	6,800	24,540	
Cost burden not available, no other problems				
Total	21,045	11,350	32,395	
Severe Housing Problems Overview 2	Owner	Renter	Total	
Household has at least 1 of 4 Severe Housing Problems	1,160	2,665	3,825	
Household has none of 4 Severe Housing Problems	19,885	8,685	28,570	
Cost burden not available, no other problems				
Total	21,045	11,350	32,395	
Housing Cost Burden Overview 3	Owner	Renter	Total	
Cost Burden less-than or= 30%	18,010	6,765	24,775	
Cost Burden >30% to less-than or= 50%	2,165	1,930	4,095	
Cost Burden >50%	779	2,340	3,119	
Cost Burden not available	95	325	420	
Total	21,045	11,350	32,395	
Income by Housing Problems (Owners and Renters)	Household has at least 1 of 4 Housing Problems	Household has none of 4 Housing Problems	Cost Burden not available, no other housing problem	Total
Household Income less-than or= 30% HAMFI	3,355	1,055		4,410

Demo

Household Income >30% to less-than or= 50% HAMFI	1,900	2,000		3,900
Household Income >50% to less-than or= 80% HAMFI	1,175	4,560		5,740
Household Income >80% to less-than or= 100% HAMFI	730	3,410		4,140
Household Income >100% HAMFI	690	13,525		
Total	7,850	24,540		32,395
Income by Housing Problems (Renters only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	2,420	650		3,070
Household Income >30% to less-than or= 50% HAMFI	1,435	745		2,180
Household Income >50% to less-than or= 80% HAMFI	355	2,160		2,515
Household Income >80% to less-than or= 100% HAMFI	205	1,205		1,410
Household Income >100% HAMFI	135	2,045		2,175
Total	4,550	6,800		11,350
Income by Housing Problems (Owners only)	Household has at least 1 of 4	Household has none of	Cost Burden not available,	Total
	Housing Problems	4 Housing Problems	no other housing problem	
Household Income less-than or= 30% HAMFI	935	405		1,340
Household Income >30% to less-than or= 50% HAMFI	465	1,255		1,720
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Household Income >100% HAMFI	555	11,480		12,035
Total	3,300	17,740		21,045
Income by Cost Burden (Owners and Renters)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	3,295	2,510	4,410	
Household Income >30% to less-than or= 50% HAMFI	1,895	510	3,900	
Household Income >50% to less-than or= 80% HAMFI	1,045	60	5,740	

Demo

Household Income >80% to less-than or= 100% HAMFI	500	20	4,140	
Household Income >100% HAMFI	465	15	14,210	
Total	7,200	3,119	32,395	
Income by Cost Burden (Renters only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	2,360	1,945	3,070	
Household Income >30% to less-than or= 50% HAMFI	1,435	360	2,180	
Household Income >50% to less-than or= 80% HAMFI	260	15	2,515	
Household Income >80% to less-than or= 100% HAMFI	180	10	1,410	
Household Income >100% HAMFI	35	10	2,175	
Total	4,270	2,340	11,350	
Income by Cost Burden (Owners only)	Cost burden > 30%	Cost burden > 50%	Total	
Household Income less-than or= 30% HAMFI	935	565	1,340	
Household Income >30% to less-than or= 50% HAMFI	470	155	1,720	
Household Income >50% to less-than or= 80% HAMFI	785	45	3,225	
Household Income >80% to less-than or= 100% HAMFI	320	10	2,730	
Household Income >100% HAMFI	434	4	12,035	
Total	2,944	779	21,045	

1. The four housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 30%.
2. The four severe housing problems are: incomplete kitchen facilities, incomplete plumbing facilities, more than 1 person per room, and cost burden greater than 50%.
3. Cost burden is the ratio of housing costs to household income. For renters, housing cost is gross rent (contract rent plus utilities). For owners, housing cost is "select monthly owner costs", which includes mortgage payment, utilities, association fees, insurance, and real estate taxes.

2020 CHAS Page 3

30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	2,180	1,680	0
White	1,840	1,485	0
Black / African American	140	15	0
Asian	0	0	0
American Indian, Alaska Native	100	105	0
Pacific Islander	0	0	0
Hispanic	65	40	0

Table 14 - Disproportionally Greater Need 30 - 50% AMI

Data 2013-2017 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	1,245	5,045	0
White	1,185	4,575	0
Black / African American	0	155	0
Asian	20	20	0
American Indian, Alaska Native	20	100	0
Pacific Islander	0	0	0
Hispanic	20	105	0

Table 15 - Disproportionally Greater Need 50 - 80% AMI

Data 2013-2017 CHAS
Source:

*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	570	3,180	0
White	550	2,970	0
Black / African American	0	100	0
Asian	0	15	0
American Indian, Alaska Native	0	25	0
Pacific Islander	0	0	0
Hispanic	20	75	0

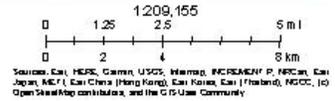
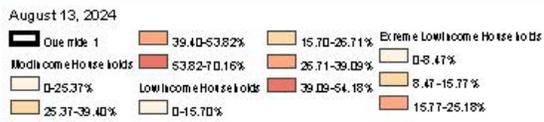
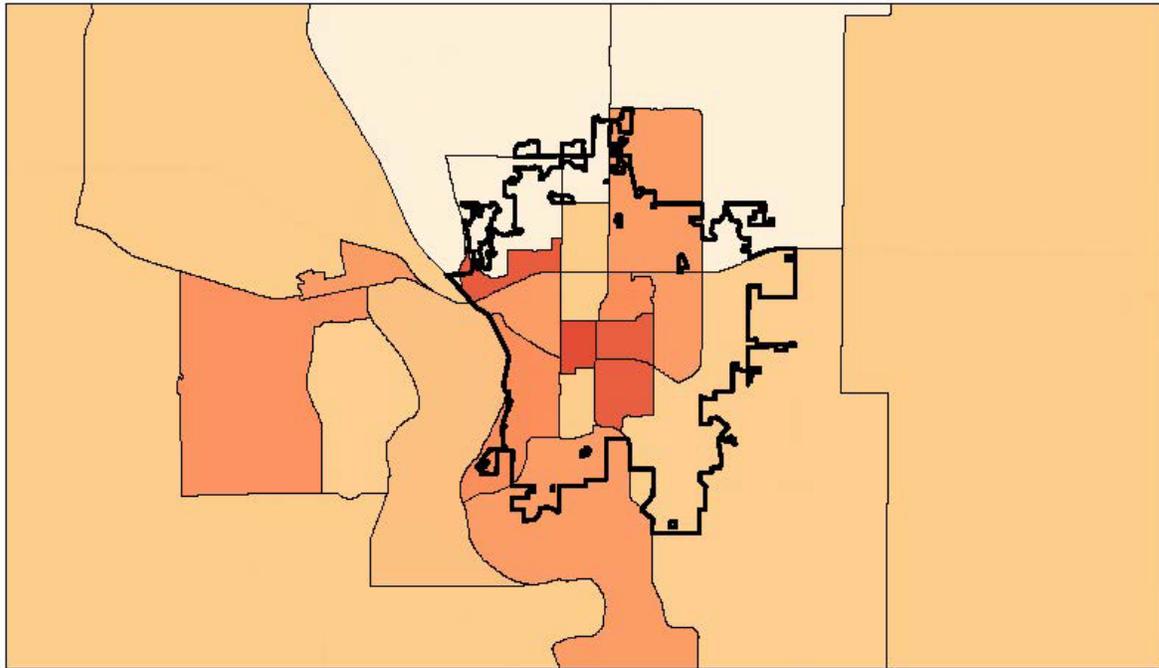
Table 16 - Disproportionally Greater Need 80 - 100% AMI

Data 2013-2017 CHAS
 Source:

*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



CPD LMI Map

Demo

30 to 50 percent AMI

- 3,900 households in Bismarck are in the 30-50% AMI range and 2180 (56%) have identified one or more of the four housing problems. By comparison, 84% are White, 6% are Black, 4.5% are American Indian/Alaska Native, and 3% are Hispanic. 1680 households here have identified none of the four housing problems and there were no reports of no or negative income. The overall jurisdiction proportion of housing problems here is 56%. Disproportioned households here by HUD definition include Black households where 90% have indicated one of the housing problems.

50 to 80 percent AMI

- 5,735 households in Bismarck are in the 50-80% AMI range and 1245 (22%) of these reported having one or more of the four housing problems. 95% of these households are White, 1.6% are Asian, 1.6% are American Indian/Alaska Native and 1.6% are Hispanic. No households here reported no or negative income and 5045 households in this income range identified none of the four housing problems. The jurisdiction proportion of housing problems here is 20%. One ethnic group has housing problems at a disproportionately higher rate where 50% of Asian households have report one or more of the four housing problems.

80 to 100 percent AMI

- 4140 households in Bismarck are in the 50-80% AMI range and 570 (14%) of these reported having one or more of the four housing problems. 96% of these households are White and the remaining 4% are Hispanic. 3180 households here have none of the four housing problems and there were no reports of no or negative income. The jurisdiction proportion of housing problems here is 15%. There are no racial or ethnic groups disproportionately affected in this income group at 10% more than the jurisdiction proportion.

CHAS data as of 2020 shows slight variations in the comparisons for each AMI range and is attached for reference.

NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction

This section discusses severe housing needs as defined by HUD, using HUD-prepared housing needs data. The tables below show the number of Bismarck households that have severe housing needs by income and race and ethnicity. Needs are defined as having one or more of the following housing problems: 1) housing lacks complete kitchen facilities; 2) housing lacks complete plumbing facilities; 3) household has more than 1.5 persons per room; and 4) household cost burden exceeds 50 percent of AMI.

This section will focus on overcrowding and households with cost burdens of more than 50 percent of income.

0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	2,235	1,495	270
White	1,655	1,345	210
Black / African American	30	0	60
Asian	0	0	0
American Indian, Alaska Native	395	90	0
Pacific Islander	0	0	0
Hispanic	115	0	0

Table 17 – Severe Housing Problems 0 - 30% AMI

Data 2013-2017 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	885	2,980	0
White	755	2,570	0
Black / African American	75	80	0
Asian	0	0	0
American Indian, Alaska Native	20	185	0
Pacific Islander	0	0	0
Hispanic	25	80	0

Table 18 – Severe Housing Problems 30 - 50% AMI

Data 2013-2017 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	245	6,045	0
White	210	5,555	0
Black / African American	0	155	0
Asian	20	20	0
American Indian, Alaska Native	20	100	0
Pacific Islander	0	0	0
Hispanic	0	125	0

Table 19 – Severe Housing Problems 50 - 80% AMI

Data 2013-2017 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	240	3,510	0
White	220	3,300	0
Black / African American	0	100	0
Asian	0	15	0
American Indian, Alaska Native	0	25	0
Pacific Islander	0	0	0
Hispanic	20	75	0

Table 20 – Severe Housing Problems 80 - 100% AMI

Data 2013-2017 CHAS
Source:

*The four severe housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than 1.5 persons per room,
4. Cost Burden over 50%

Discussion

0 to 30 percent AMI

- 2235 households in Bismarck in the 0-30% AMI range have severe housing problems related to overcrowding and cost burden. Of these, 74% are White, nearly 18% are American Indian/Alaskan Native, 1% are Black and 5% are Hispanic. Additionally, 67% of these households have no housing problems, but 12% of them have no or negative income. Approximately 90% of White households in this income range and 6% of American Indian/Alaska Native households have identified none of the four housing problems, but approximately 16% of White households and 4% of Black/African American households do have no or negative income. No or negative income could be due to self-employment, dividends or net rental income and does not necessarily reflect an actual cost burden. The overall rate of severe housing problems is 60% and disproportion is evident where the rate is 100% in both Black and Hispanic households, and 81% in American Indian/Alaska Native households.

30 to 50 percent AMI

Demo

- 885 households in Bismarck in the 30-50% AMI range have severe housing problems related to overcrowding and cost burden. By comparison, 85% are White, 6% are Black, 2% are American Indian/Alaska Native, and 3% are Hispanic. 2980 households here have identified none of the four housing problems and there were no reports of no or negative income. The jurisdiction as a whole in this income range experiences severe housing problems at a rate of 23%. The majority of ethnic groups are generally proportioned with the exception of Black households where the rate is much higher at 48% of those households.

50 to 80 percent AMI

- 245 households in the 50-80% AMI have severe housing problems related to overcrowding and cost burden. 86% of these households are White, 8% are Asian and 8% are American Indian/Alaska Native. No households here reported no or negative income and 6045 households in this income range identified none of the four housing problems. 4% of households in this income range report experiencing severe housing problems. Both Asian households, at a rate of 50%, and American Indian/Alaska Native households, at a rate of 17%, are disproportionately higher than this being more than 10% higher than the overall group.

80 to 100 percent AMI

- 240 households in the 50-80% AMI have severe housing problems related to overcrowding and cost burden. 92% of these households are White and the remaining 8% are Hispanic. 3510 households here have none of the four housing problems and there were no reports of no or negative income. 6% of households in this income range report having severe housing problems. Most ethnic groups are proportionate to this, with the exception of Hispanic households where the rate is 21%.

NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.205 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

Introduction:

Cost burden is experienced when a household pays more than 30 percent of their gross household income towards housing costs, including utilities, insurance and property taxes. The following table shows a breakdown of cost burden by race and ethnicity to determine if there is any disproportionately greater need.

Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	24,165	3,720	3,175	320
White	22,695	3,365	2,505	220
Black / African American	310	65	105	60
Asian	160	20	0	0
American Indian, Alaska Native	325	170	375	40
Pacific Islander	0	0	0	0
Hispanic	365	60	140	0

Table 21 – Greater Need: Housing Cost Burdens AMI

Data 2013-2017 CHAS
Source:

Discussion:

- Of the 3720 households where 30-50% of their income goes towards housing costs, 90% are White, 4.5% are American Indian/Alaska Native and 1% or less are Black/African American, Asian or Hispanic. Moderate cost burden of 11.9% is evident across the jurisdiction and all ethnicities are proportionate to this.
- Of the 3175 households where greater than 50% of their income goes towards housing costs, 78% are White, 11% are American Indian/Alaska Native, 4% are Hispanic and 3% are Black/African American. Overall, according to the CHAS data populated, 10% of households are severely cost burdened. There is disproportion in Black, American Indian/Alaska Native and

Demo

Hispanic households. Black households have been calculated at a rate of 19%; American Indian/Alaska Native at 41% and Hispanic at 25%.

- 320 households reported no or negative income.

NA-30 Disproportionately Greater Need: Discussion – 91.205(b)(2)

Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?

American Indian/Alaska Native, Black/African American, Asian and Hispanic households all face a disproportionate share of housing problems within Bismarck. The HUD-provided data in Sections NA-15, NA -20 and NA-25 indicate a disproportionately higher incidence of housing problems, severe housing problems and cost burden for these racial and ethnic groups.

Housing Problems (NA-15)

- American Indian/Alaska Native and Hispanic households earning 0 to 30 percent of AMI have housing problems at a rate of 100% where the jurisdiction average is 58%. Where cost burdened is considered to be a rate of 10% or more higher than the jurisdiction, White households also see a disproportionate rate at 72%.
- Black households are the most and only disproportionate ethnicity for household housing problems in the 30-50% AMI range where the rate is 90% compared to the jurisdiction rate of 56%.
- Black/African American households earning 30 to 50 percent of AMI have 35 percentage points greater housing problems than White households in this income category.
- Asian households in the 50-80% of AMI range see the most disproportion at a rate of 50% compared to the overall jurisdiction rate of 20%.
- When comparing ethnicity across the 80-100% of AMI range, the jurisdiction rate is 15%. All of the reporting ethnicities (White, Black, Asian, American Indian and Hispanic) were less than this or less than 10% over this indicating there is no ethnic disproportion in that AMI range.

Severe Housing Problems (NA-20)

- Black and Hispanic households earning 0 to 30 percent of AMI show severe housing problems at a rate of 100%. Additionally, 81% of American Indian/Alaska Native and 55% of White households in this income range identified similar issues. Jurisdiction-wide the rate of severe housing problems for the 0 to 30 AMI is 60% putting three ethnic groups at a disproportionate rate.
- Where households report an income in the 30 to 50 AMI, the jurisdiction rate is 23%. Black households are reported at a rate of 48% and 25% higher than the jurisdiction for this income range. This is the only ethnic group reported at a disproportionate rate.
- Asian households, at a rate of 50%, and American Indian/Alaska Native households, at a rate of 17%, living in the 50 to 80 percent AMI are disproportionate compared to the 4% rate for the jurisdiction. White households here have a rate of 4% and Black households have a reported rate of 0%.

Demo

- The jurisdiction rate of severe housing problems for households in the 80 to 100 percent AMI is 6%. The Hispanic ethnic group shows a rate of 21% and is considered disproportionate. The remaining ethnic groups show a rate at or below the jurisdiction rate with White households at 6% and all others at 0%.

Cost Burden (NA-25)

- The average rate of cost burden for the jurisdiction where 30-50% of income goes towards housing costs is 12%. All ethnic groups are within this range where White households experience this at a rate of 11.7%; Black/African American households 12%; Asian households 11%; American Indian/Alaska Native households 19% and Hispanic households 11%.
- Hispanic households experience severe cost burden at a rate of 14.7 percentage points higher than the jurisdiction as a whole.

If they have needs not identified above, what are those needs?

Bismarck's current analysis of impediments to fair housing choice document identified six private sector and three public sector impediments and outlined suggested actions and measurable objectives for each impediment. The private sector impediments included: 1) discrimination on the basis of disability and familial status; 2) failure to make reasonable accommodation or modification; 3) discriminatory advertising; 4) American Indian and Hispanic home purchase loan applicants tend to have higher denial rates than White or non-Hispanic applicants, respectively; 5) discrimination against recipients of public assistance income; and 6) lack of understanding of fair housing laws and policy. The public sector impediments included: 1) apparent shortage of accessible housing in Bismarck; 2) lack of understanding of fair housing law and policy; and 3) concentration of public assisted housing projects in areas with relatively high concentrations of low-income households and American Indian and Hispanic households.

The City of Bismarck continues to work with High Plains Fair Housing to eliminate these impediments to fair housing choice and will continue to affirmatively further fair housing within the community. The City also has a Human Relations Committee, which serves as an advisory body to the City Commission. As part of its mission to "protect and promote the personal dignity of all Bismarck citizens and eliminate any discriminatory barriers that prevent them from reaching their full human potential," the Committee conducts outreach and education activities focusing on civil and human rights; identifies issues, priorities, and objectives relating to human rights, and works to encourage compliance with state and federal anti-discrimination laws.

Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?

Low and moderate income (LMI) areas are defined as Census tracts in which at least 51 percent of the population has an income that is at or below 80 percent of the area median income. Areas of minority concentration are defined as Census tracts in which populations of racial or ethnic groups are at least 20 percent greater than their representation in the City as a whole. A review of race and ethnicity by the 2020 Census Dot Density map did not show any evidence of concentrated minority populations within the community.

NA-35 Public Housing – 91.205(b)

Introduction

The following is a summary of public housing units in Burleigh County. Units are administered by the Burleigh County Housing Authority.

Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	0	270	947	0	947	0	0	0

Table 22 - Public Housing by Program Type

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Data Source: PIC (PIH Information Center)

Characteristics of Residents

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	
Average Annual Income	0	0	13,370	11,099	0	11,099	0	0	
Average length of stay	0	0	5	5	0	5	0	0	
Average Household size	0	0	1	1	0	1	0	0	

Demo

Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers				
				Total	Project - based	Tenant - based	Special Purpose Voucher	
							Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	0	1	1	0	1	0	0
# of Elderly Program Participants (>62)	0	0	155	209	0	209	0	0
# of Disabled Families	0	0	36	369	0	369	0	0
# of Families requesting accessibility features	0	0	270	947	0	947	0	0
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

Table 23 – Characteristics of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Race of Residents

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	0	208	746	0	746	0	0	0
Black/African American	0	0	4	17	0	17	0	0	0
Asian	0	0	0	4	0	4	0	0	0

Demo

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
American Indian/Alaska Native	0	0	57	175	0	175	0	0	0
Pacific Islander	0	0	1	5	0	5	0	0	0
Other	0	0	0	0	0	0	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 24 – Race of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Ethnicity of Residents

Program Type									
Ethnicity	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	0	10	22	0	22	0	0	0
Not Hispanic	0	0	260	925	0	925	0	0	0

*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition

Table 25 – Ethnicity of Public Housing Residents by Program Type

Data Source: PIC (PIH Information Center)

Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:

Public housing units in Bismarck are typically filled on a year round basis. Burleigh County Housing Authority (BCHA) has developed a system for being placed on a waiting list to receive public housing assistance. As of January 2024, waiting lists are identified as anywhere from three to eighteen months depending on the type of assistance requested and the living unit size needed. Much of the local public housing stock is not accessible due to construction common to housing in the 1960s, and BCHA has been systematically updating units where possible and replacing them with accessible units when updating is not economically feasible. Additionally, BCHA used CDBG funds in 2023-2024 for the demolition of obsolete units to allow for the creation of 34 new one and two-bedroom individual and townhome style living units. As part of their 2025-2029 PHA Plan, BCHA has indicated a goal of maintaining its units in compliance with local and HUD requirements through the use of Capital Funds to maintain its facilities and improve accessibility in its units and property grounds.

Most immediate needs of residents of Public Housing and Housing Choice voucher holders

The longest wait and most immediate need according to the waiting list estimate report by BCHA shows Housing Choice Voucher Program as having a 12-18 month wait. The availability of additional affordable units at low and very low income levels and assistance with security deposits continues to be an additional immediate need and ongoing challenge.

How do these needs compare to the housing needs of the population at large

While affordability is a need at a wide range of income levels, it is a greater need at the lowest income levels. As discussed in previous sections, households are facing cost burdens at a high rate. Those at lower income levels face cost burdens at an even higher rate. This translates to the households being unable to find affordable units. Additionally, there is a higher need for accessibility features and housing for the 62 years old and better.

Discussion

The Burleigh County Housing Authority has noted that they now have 1,124 vouchers including 25 HUD VASH Vouchers and 26 Mainstream Vouchers, 56 units of special needs housing, 18 Shelter Plus Care

Demo

vouchers, 40 basic care units for the elderly, 96 units of Section 236 housing for families and 40 units of Permanent Supportive Housing. BCHA reports progress from their previous 5-year PHA Plan including roof and elevator replacements, modernization of units and installation of additional security measures and demolition of 17 obsolete properties for the redevelopment of 34 new PHA units in 2025.

NA-40 Homeless Needs Assessment – 91.205(c)

Introduction:

This section provides an overview of the housing and supportive service needs of the homeless populations in Bismarck.

The needs of families and individuals facing homelessness are obtained through regular communication between homeless service providers, shelter providers, supportive housing providers and mental health providers. The City maintains awareness of emerging needs of local homeless people, including changes in the availability and accessibility of housing services, through the Missouri Valley Coalition for Homeless People (MVCHP), whose membership represents the full spectrum of area service providers.

There is one Continuum of Care (CoC) in the State of North Dakota. The North Dakota Housing Finance Agency acts as the lead agency for the Statewide CoC and the State is divided into eight regions. Bismarck is located in Region 7 of the North Dakota statewide Continuum of Care and most data for Bismarck, when available, is on a regional level. The MVCHP is also the local Continuum of Care coordinator.

The MVCHP continues to promote the evidence-based “housing first” model. This model takes a consumer-based approach in supporting client’s needs and encouraging clients to create and implement their own goals while immediately housing clients with no preconditions (except complying with a standard lease agreement). Research has shown that “housing first” program increase housing stability for clients served, are more cost-effective compared to traditional services that impose sobriety prerequisites to housing and increase client utilization of other support services.

Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	0	0	1,670	288	0	0
Persons in Households with Only Children	0	0	0	0	0	0
Persons in Households with Only Adults	0	0	0	0	0	0
Chronically Homeless Individuals	0	0	221	31	0	0
Chronically Homeless Families	0	0	0	0	0	0
Veterans	0	0	53	0	1	0
Unaccompanied Child	0	0	0	0	0	0
Persons with HIV	0	0	0	0	0	0

Table 26 - Homeless Needs Assessment

Data Source Comments:
 North Dakota Statewide
 COC Point-in-time count
 North Dakota Statewide
 COC Housing Inventory
 Count
 2022-2023 HMIS and
 NDCOC Data



**HUD 2023 Continuum of Care Homeless Assistance Programs
Housing Inventory Count Report**

Important Notes About This Data: This report is based on information provided to HUD by Continuums of Care in the 2023 Continuum of Care application and has not been independently verified by HUD. CoCs were instructed to collect data for a point-in-time during the last week of January 2023. The data presented in this report are limited to beds available for occupancy on the night of the count (beds under development are excluded). For inquiries about data reported by a specific Continuum of Care, please contact that jurisdiction directly. CoC contact information can be found on the HUD Exchange web site (<https://www.hudexchange.info/grantees/>). In some cases, a community may have listed a program in the Housing Inventory Count but did not provide sufficient information/detail for HUD to understand the number of beds/units available and the target population served. Those programs have been removed for the purposes of this report.

State: North Dakota

Summary of all available beds reported, aggregated to the state level:

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	95	300	513	10	823	36	34	n/a	35	49
Emergency Shelter	57	216	439	10	665	36	34	n/a	3	15
Safe Haven	0	0	26	0	26	n/a	n/a	n/a	26	0
Transitional Housing	38	84	48	0	132	n/a	n/a	n/a	6	34
Permanent Housing	88	239	482	0	721	n/a	n/a	n/a	258	0
Permanent Supportive Housing**	39	113	381	0	494	n/a	n/a	237	203	0
Rapid Re-Housing	28	71	58	0	129	n/a	n/a	n/a	55	0
Other Permanent Housing***	21	55	43	0	98	n/a	n/a	n/a	0	0
Grand Total	183	539	995	10	1,544	36	34	237	293	49

Summary of all available beds reported by Continuum of Care:

CoC Number: ND-500

CoC Name: North Dakota Statewide CoC

	Family Units ¹	Family Beds ¹	Adult-Only Beds	Child-Only Beds	Total Yr-Round Beds	Seasonal	Overflow / Voucher	Subset of Total Bed Inventory		
								Chronic Beds ²	Veteran Beds ³	Youth Beds ³
Emergency, Safe Haven and Transitional Housing	95	300	513	10	823	36	34	n/a	35	49
Emergency Shelter	57	216	439	10	665	36	34	n/a	3	15
Safe Haven	0	0	26	0	26	n/a	n/a	n/a	26	0
Transitional Housing	38	84	48	0	132	n/a	n/a	n/a	6	34
Permanent Housing	88	239	482	0	721	n/a	n/a	n/a	258	0
Permanent Supportive Housing**	39	113	381	0	494	n/a	n/a	237	203	0
Rapid Re-Housing	28	71	58	0	129	n/a	n/a	n/a	55	0
Other Permanent Housing***	21	55	43	0	98	n/a	n/a	n/a	0	0
Grand Total	183	539	995	10	1,544	36	34	237	293	49

¹HUD's point-in-time count does not include persons or beds in Permanent Supportive Housing as currently homeless.

²Other Permanent Housing (OPH) consists of PH - Housing with Services (no disability required for entry) and PH - Housing Only, as identified in the 2022 HMIS Data Standards.

³Family Units and Family Beds categories include units and beds for households with one adult and at least one child under age 18.

²Chronic Beds include beds in Permanent Supportive Housing dedicated to serve chronically homeless persons.

³Veteran Beds and Youth Beds, respectively, include beds dedicated to serve homeless veterans and their families, and include beds dedicated to housing homeless youth age 24 and younger.

Wednesday, December 6, 2023

2023 HIC Count

Demo

2024 Unsheltered Point in Time - Unofficial Stats

Assigned Area	# of surveys completed with individual	# of observational surveys completed	Which Shift? (10-12) (12-2) (2-4)	Comments
Group 3	1	0	1st	Talked to 3 different individuals, only 1 claimed to be homeless living in his vehicle, Stalmart Truck Stop. Other 2 stated not homeless just resting in vehicle, passing through the area.
Group 2	0	0	1st	Did not see anyone
Group 4	0	1	1st	Near Tom O Leary Golf Course
Group 7	1	0	1st	Erberts/Gerberts/Wendy's Parking Lot, living in vehicle.
Group 6	1	0	1st	Survey completed with individual staying in vehicle, south Walmart. Referral made to MOTM. Also noted a maroon vehicle in Walmart parking lot with evidence someone was staying in it but no response when knocked.
Group 8 - Downtown	1	0	1st	Interviewed one individual downtown main street
Group 10	1	0	1st	Interviewed individual by Qdoba
Group 10	0	4	2nd	Burleigh County Housing Authority area
Group 1 & Mandan	0	0	2nd	Did not see anyone
Group 10 & 8 & Mandan	1	0	3rd	
Group 6 & 7	0	4	3rd	
Group 2,3,4	0	1	3rd	
Group 1, 9	2	0	3rd	
	8	10	18	
MOTM Coffee House			20	MOTM STAFF
Dream Center (1/25)			20	MOTM INTERN
Library (1/25)			1	MOTM INTERN
Heaven's Helpers (1/25)			4	MOTM INTERN
			45	
TOTAL # OF SURVEYS COMPLETED			63	

OFFICIAL DATA FROM COC

REGION 7 PIT COUNT	January 2024	January 2023	July 2023	January 2022	January 2021
Unsheltered		28	52	38	10
Emergency Shelter		93	92	102	113
Transitional Housing		14	19	18	51
Total		135	163	158	174

2024 PIT Count (Unofficial)

Demo

Table: ACSDT1Y2022.B21007

	Bismarck city, North Dakota	
Label	Estimate	Margin of Error
Total:	54,912	±1,371
18 to 34 years:	15,468	±1,175
Veteran:	307	±269
Income in the past 12 months below poverty level:	0	±170
With a disability	0	±170
No disability	0	±170
Income in the past 12 months at or above poverty level:	307	±269
With a disability	0	±170
No disability	307	±269
Nonveteran:	15,161	±1,167
Income in the past 12 months below poverty level:	3,673	±1,276
With a disability	1,070	±612
No disability	2,603	±1,529
Income in the past 12 months at or above poverty level:	11,488	±1,291
With a disability	738	±537
No disability	10,750	±1,202
35 to 54 years:	16,540	±1,401
Veteran:	872	±817
Income in the past 12 months below poverty level:	0	±170
With a disability	0	±170

Veteran Status Report Page 1

Demo

Table: ACSDT1Y2022.B21007

	Bismarck city, North Dakota	
Label	Estimate	Margin of Error
No disability	0	±170
Income in the past 12 months at or above poverty level:		
With a disability	872	±817
No disability	0	±170
Nonveteran:	872	±817
Income in the past 12 months below poverty level:		
With a disability	15,668	±1,318
No disability	679	±392
Income in the past 12 months at or above poverty level:		
With a disability	304	±224
No disability	375	±326
55 to 64 years:		
With a disability	14,989	±1,404
No disability	1,822	±904
Veteran:	13,167	±1,445
Income in the past 12 months below poverty level:		
With a disability	9,663	±1,157
No disability	903	±446
Income in the past 12 months at or above poverty level:		
With a disability	57	±98
No disability	57	±98
Nonveteran:	0	±170
Income in the past 12 months at or above poverty level:		
With a disability	846	±439
No disability	340	±345
Veteran:	506	±324
Nonveteran:	8,760	±1,168

Veteran Status Report Page 2

Demo

Table: ACSDT1Y2022.B21007

Bismarck city, North Dakota		
Label	Estimate	Margin of Error
Income in the past 12 months below poverty level:	1,017	±721
With a disability	285	±290
No disability	732	±671
Income in the past 12 months at or above poverty level:	7,743	±1,031
With a disability	895	±544
No disability	6,848	±1,051
65 years and over:	13,241	±1,136
Veteran:	986	±414
Income in the past 12 months below poverty level:	0	±170
With a disability	0	±170
No disability	0	±170
Income in the past 12 months at or above poverty level:	986	±414
With a disability	204	±194
No disability	782	±401
Nonveteran:	12,255	±1,211
Income in the past 12 months below poverty level:	1,752	±1,037
With a disability	356	±253
No disability	1,396	±981

Veteran Status Report Page 3

Demo

Table: ACSDT1Y2022.B21007

Bismarck city, North Dakota		
Label	Estimate	Margin of Error
Income in the past 12 months at or above poverty level:		
With a disability	10,503	±1,032
No disability	3,370	±1,132
	7,133	±1,246

Veteran Status Report Page 4

Indicate if the homeless population is: Has No Rural Homeless

If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):

Data is not available at the local level for the number of persons entering and exiting homelessness each year. Because of methodological and financial constraints, most studies are limited to counting people in shelters or on the street. While there are efforts underway to better reflect accurate numbers for the homeless population, data continues to be difficult to obtain and often inaccurate in true representation of the need for homeless services in the community. The estimates shown above are based on an increase or decrease from the prior year's data.

On a state-wide level, the number of individuals identified during the 2024 Point in Time count on January 24, 2024 was 784 individuals. At the time this report was prepared, an unofficial count of 63 unsheltered individuals was provided for the City of Bismarck. Direct contact is made with each individual and location details are documented.

Homeless families with children are often captured in the annual Housing Inventory Count as receiving shelter in emergency shelters, domestic violence shelters, or a form of permanent supportive housing. The Homeless Needs Assessment data in the above table is that provided by the North Dakota CoC for 2023. A comparison of 2022-2023 data is attached.

Nature and Extent of Homelessness: (Optional)

Race:	Sheltered:	Unsheltered (optional)
White	676	0
Black or African American	184	0
Asian	2	0
American Indian or Alaska Native	503	0
Pacific Islander	4	0
Ethnicity:	Sheltered:	Unsheltered (optional)
Hispanic	24	0
Not Hispanic	0	0

Data Source
 Comments: 2022-
 2023 NDCOC HMIS
 Data

Homeless Populations collected in 2022 and 2023 by NDCOC

	2022	% for 2022	2023	% for 2023
Total Persons Served	1,694		1,792	
Adults	916	54%	1049	59%
Children	621	37%	579	32%
Client Doesn't Know/Refused	3	0%	13	1%
Data Not Collected	154	9%	151	8%
Veterans	54	3%	53	3%
Chronic	190	11%	221	12%
Race				
American Indian, Alaska Native, or Indigenous	444	26%	503	28%
Asian or Asian American	5	0%	2	0%
Black, African American, or African	145	9%	184	10%
Hispanic/Latina/e/o	3	0%	24	1%
Middle Eastern or North African	0	0%	1	0%
Native Hawaiian or Pacific Islander	8	0%	4	0%
White	666	39%	676	38%
Multiracial - more than 2 races with one being Hispanic/Latina/o/o	104	6%	93	5%
Multiracial - more than 2 races, where no option is Hispanic/Latina/e/o	127	7%	102	6%
Client Doesn't Know/Refused	2	0%	12	1%
Data Not Collected	190	11%	191	11%

Source: HMIS and NDCOC

NDCOC HMIS Data

Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.

The United States Census Bureau most recently reported a total of 18,638 in the City of Bismarck. Of these, approximately 50% have a household income less than the median income for families of \$99,196 and 20% of these have a household income 50% or less of the median income. This would indicate about 20% of households with children would qualify for a variety of services as an LMI household, including housing assistance, where available.

Additionally, the 2020 census identified 15,468 Bismarck residents have a United States Veteran status. Of these, 57 had an annual income that year at or below the poverty level. 100% of those have a disability and are in the 55-64 years old range, and would qualify for LMI services and benefits, including assisted or affordable housing for Veterans and their families. It could be estimated that this would be the Veterans population most at risk of homelessness.

Bismarck Public Schools (BPS) provides a Students in Transition (SIT) program, however, a response to a request for recent data was not provided. The 2021-2022 BPS annual report says 13,483 students were enrolled on the first day of the 21-22 school year. SIT provides services for the entire school year in the form of free meals and transportation, assistance with school supplies and sports equipment, community resources, before and after-school care, pre-school and tutoring programs, and special education. Students who have been identified as sharing housing, living in hotels, cars, public spaces, bus or train stations or other substandard housing arrangements qualify for this program. BPS reported to MVCHP that as of August 2024, 126 Bismarck Public School students were documented to be homeless. This number did not reflect a significant amount of students not yet documented from a count conducted on 8/1/24.

Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.

The data available from Homeless Management Information System (HMIS) and provided by the CoC at the time this report was prepared indicates that 43 percent of the clients were White, 34 percent were American Indian/Alaska Native, 8 percent with Black/African American, 9 percent were multiple races and 6 percent of were Hispanic/Latino in 2023.

Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.

During the January 2024 PIT count, 45 of the 63 individuals counted were sheltered. Based on this information, it appears that the vast majority of the homeless people are obtaining shelter, at least during the winter months when temperatures in the area drop.

Discussion:

A housing and homelessness forum was offered as part of the preparation of the 2025-2029 Consolidated Plan. This opportunity allowed the individuals most directly involved with housing and homelessness issues to hold discussions on how well needs are being met, solutions to meeting unmet needs and barriers to those solutions. A number of participants identified an inability to house individuals with criminal backgrounds and limited income where a number of landlords have implemented more strict background checks as part of the leasing process. Where these individuals are difficult to house, there is also a limited space for temporary shelter and affordable housing for difficult to house individuals was discussed as a high-priority need. Where services are available, often times accessibility or transportation to them are deficient or unavailable. A large number of the stakeholders present held discussions around needs for additional and less competitive funding, limited staffing for successful delivery of services, coordination between agencies and programs, more large-scale services such as a 24/7 low-barrier emergency shelter and detox facilities and community support on City and State levels. Solutions offered included changes to bills and laws at legislature, implementing long-term support systems, model housing facilities and more in-person consults.

NA-45 Non-Homeless Special Needs Assessment - 91.205 (b,d)

Introduction:

This section provides an overview of housing and supportive service needs of the non-homeless special needs populations in Bismarck. These non-homeless special needs populations include the elderly, persons with disabilities, people with drug and/or alcohol addictions, victims of domestic violence and persons with HIV/AIDS. Because individuals in these groups face unique housing challenges and are vulnerable to becoming homeless, a variety of support services are needed for them to achieve and maintain a suitable and stable living environment and quality of life.

Describe the characteristics of special needs populations in your community:

Elderly and frail elderly persons: The elderly population is defined by the Census Bureau as comprising persons 65 or older. According to the 2020 US Census, 13,601 residents in Bismarck were age 65 or older and make up 18.5% percent of the city's population. This is an increase of 1.5% from the 2019 ACS data. It is likely that this population will continue to grow in the next 10 to 20 years as residents between the ages of 55 and 64 make up another 12.4 percent of Bismarck's population. There is heavy reliance on medical facilities and social work related agencies to conduct the coordination of transitions from homes to elder care facilities and a significant amount of future planning is needed. Missouri Slope recently opened a new skilled nursing campus of four buildings with 192 beds. The elderly population also includes those who are frail elderly, defined as elderly persons whose physiological circumstances may limit functional capabilities. The frail elderly are often quantified as elderly persons who are 85 years of age and older. 2,252 Bismarck residents fall into this age category which is 3.1% of the total population.

Persons with mental, physical and or developmental disabilities; as well as persons with alcohol or other drug addiction: 2022 ACS data shows 22.4% (20,472 residents) of the Bismarck population lives with a disability that includes hearing, vision, cognitive, ambulatory, self-care and independent living difficulties. While data on alcohol and drug addiction is not readily available at the local level, Bismarck-Burleigh Public Health, as a supplement to its Community Health Needs Assessment (CHNA) for its Community Health Improvement Plan (CHIP) update, shared prioritization results of its 2024 Community Health Stakeholders Meeting that identified mental and behavioral health as the current most important community health need by those who participated.

Victims of domestic violence, dating violence, sexual assault and stalking: 2023 statistics provided by Abused Adult Resource Center (AARC) show 10,813 nights of shelter were provided that year. AARC has 63 shelter beds in their emergency and transitional shelters, and an additional seven beds in their permanent supportive housing facility. This is an increase of approximately 7% from the 2020 data. The

City of Bismarck promotes advocacy through its Law Enforcement Domestic Violence Advocacy Program that provides domestic violence and sexual assault victims with a network of services to close the gap between victim services and the criminal justice system (Bismarck Police Department - Support Services Division).

Persons with HIV/AIDS and their families: Statistical data on the number of persons with HIV/AIDS and their families is not maintained as the City of Bismarck does not receive funds under Housing of People with Aids (HOPWA) programs.

What are the housing and supportive service needs of these populations and how are these needs determined?

Cost burden and severe cost burden are the most common housing needs of special needs populations in Bismarck, similar to low and very low-income households. While plans and expansions continue to be made at skilled nursing facilities, mathematically there is not enough space in care facilities to meet the needs of the frail elderly population. Continuous long-term planning by considering the amount of residents who will likely be transitioning into these facilities and when is critical. A focus group was offered as part of the creation of this plan with consultation provided by representatives of public housing, substance addiction and special needs housing services. These agencies together recognized unmet needs of low- moderate-income households, as well as individuals with mental, physical and developmental disabilities, including persons with alcohol or other drug addiction in the form of disconnected services that are crisis driven, a limited availability of child care, minimal housing near employment opportunities and staffing issues that create a strain on the availability of critical services. A number of gaps were pointed out where transportation cannot be secured from homes to child care services and places of employment which impacts job security and income. Suggestions were made surrounding the improvement of case management where habits may be generational and where a service may be recommended, but successful execution is not carried out or becomes lost between agencies. Collaboration opportunities were named with educational institutions and social services to ensure early intervention either by members of administrative divisions or social volunteers.

Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:

Not applicable; the City of Bismarck does not receive HOPWA funding.

If the PJ will establish a preference for a HOME TBRA activity for persons with a specific category of disabilities (e.g., persons with HIV/AIDS or chronic mental illness), describe their

unmet need for housing and services needed to narrow the gap in benefits and services received by such persons. (See 24 CFR 92.209(c)(2) (ii))

The City of Bismarck does not receive HOME funds for TBRA activities.

Discussion:

The special needs populations in the City of Bismarck have a variety of service and housing needs. While there are a variety of services and housing options already available within the City of Bismarck and Burleigh County, there is still a level of unmet need in the City for special needs populations. This is especially true for residents with behavioral health or substance abuse disorder conditions.

NA-50 Non-Housing Community Development Needs – 91.215 (f)

Describe the jurisdiction’s need for Public Facilities:

The most commonly identified need for public facilities in the City of Bismarck is a 24/7 low-barrier emergency shelter. Chronically homeless individuals have options for services during the day through United Way, however, this shelter is high-barrier and excludes individuals who may be under the influence of drugs or alcohol. Ministry on the Margins provides services overnight in the form of a coffee house but is not equipped with space for beds or other overnight needs. Additionally, a social detox facility continues to be prioritized and has been considered as part of a triage project that would connect individuals to substance abuse services, rather than incarceration. Heartview Foundation observed a need for an additional methadone clinic as they are currently serving a number of patients not only from Bismarck, but western and eastern North Dakota as well.

Additionally, where neighborhood needs were considered, the availability of quality and affordable child care in LMI areas is underprovided. Limited accessibility to child care due to financial burden, scheduling conflicts and availability impact the ability of many LMI households to sustain employment consistently.

How were these needs determined?

Needs were determined through a combined non-homeless special needs and non-housing community development needs focus group offered to those individuals and stakeholders who work directly with services provided to low- moderate-income individuals and the special populations associated with their services. Discussions were facilitated around how well needs are currently being met, where gaps in services for these special populations lie, which needs and objectives should be prioritized and what some strategies might be that could help in meeting goals.

Describe the jurisdiction’s need for Public Improvements:

The non-housing community development needs focus group discussed ways to make the medical facilities more accessible from a transportation perspective as both parking and traffic hinder easy entry for individuals who may be walking or who have physical disabilities. Bis-Man Transit offers both fixed-route and para-transit services. However, attracting and retaining para-transit drivers has led to less availability of door-to-door service and limited financial resources creates a fixed-route structure with long headways and one-way circuitous routes which can lead to a time consuming and inconvenient experience. Concerns were expressed over there not being as many services in north Bismarck and accessibility to that area is significantly less than in south Bismarck. A number of individuals use Bismarck Expressway as a connection, but the area is perceived dangerous for those walking or biking

that route due to faster moving higher volume traffic and an undesirable pedestrian environment. Transportation in general for the elderly is especially difficult.

City of Bismarck, Public Works - Utility Operations, issued an improvement needs plan in 2022 that outlines improvements needed for water and wastewater treatment, water distribution and sanitary sewer and stormwater systems. The total projected funding for all projects is \$203.8M and upon completion these projects would improve processing, increase capacity, ensure federal compliance, protect supply and delivery and prevent damage from natural disaster events.

Together 2045, Bismarck's Comprehensive Plan, has a section dedicated to the goals of transportation and infrastructure. This element of the Plan supports goals such as highly connected networks of streets and pathways, active forms of travel for both transportation and recreation and designing and maintaining safe and comfortable facilities for pedestrians and cyclists. Additionally, it defines goals for collaboration with public utility and delivery organizations to ensure sufficient services; and also for the development of standards for use and design of privately owned infrastructure.

A study team consisting of the Bismarck-Mandan Metropolitan Planning Organization, City of Bismarck, City of Mandan, Federal Highway Administration, Federal Transit Administration and North Dakota Department of Transportation completed a Safe Routes to Services & Complete Streets Study in December 2024 which identifies issues including a lack of sidewalk connections, limited multi-use trails, crossings in activity zones, crossing beacons and bicycle lanes. The addition of these items could vastly improve pedestrian and bicyclist safety.

How were these needs determined?

These needs were determined through the same focus group , from projects identified in the City of Bismarck Utility Infrastructure Improvement Needs info-guide and also Together 2045, Bismarck's Comprehensive Plan and the Safe Routes to Services and Complete Streets Study.

Describe the jurisdiction's need for Public Services:

The largest need for services seems to be those that can connect individuals for success in both life and social skills. While a variety of public services are in place, an adequate amount of case management may not be able to provide assistance for all parts of the identified need. A large priority is often to first secure housing, but options may be limited based on where an individual needs to live due to their place of employment, child care or school district enrollment. A general lack of community awareness was indicated as a potential contributor to missed opportunities for success. This correlates with an

additional lack of planning for case management beyond permanent housing placement. A discussion was held around the coordination of services for individuals needing assistance to have access to a one-stop-shop.

How were these needs determined?

These needs were identified during the non-housing community development needs focus group by agency representatives and stakeholders, as well as at the 2024 Housing and Homelessness Forum offered as part of the preparation of this Plan.

Housing Market Analysis

MA-05 Overview

Housing Market Analysis Overview:

The following market analysis provides an overview of the City's housing stock, occupancy statistics, unit inventory, cost and affordability and living conditions.

2022 ACS data shows the total housing stock as an estimated 35,034 units. This housing stock includes 18,513 single family detached units, 2,266 single family attached units, 12,087 multifamily/attached units and 2,168 mobile home units. There was an occupancy rate of 95.1%, giving a vacancy rate of 4.9% at that time. Of the total housing units in this 2022 data, 21,957, or 63%, counted as owner-occupied and 11,161, or 32%, were identified as occupied units paying rent. Median gross rent grew to \$877 in 2021. Similarly, the median home value rose from \$245,300 in 2019 to \$312,300 in 2022. It has commonly been observed when comparing data from communities within the state and surrounding three-state region, that Bismarck has higher average housing values than its peers. For comparison, the median home value in Fargo at this same time was \$257,900. Of the available housing units, 67% were built prior to 2000 and of the 33,320 occupied housing units, 1.3% experience a burden related to lacking plumbing facilities, kitchen facilities and/or no telephone services.

2022 ACS data identifies 12.8% (9,208) of the population of Bismarck as having a disability, of which 3.9% are under the age of 18. The City of Bismarck has determined special needs housing as a priority goal in their last Consolidated Plan and subsequent Annual Action Plans and promotes availability and accessibility through CDBG awards to agencies providing these services. Agencies include those that serve victims of domestic violence, elderly, mentally disabled individuals and those experiencing mental health and/or substance abuse issues. Support services are also available through agencies that provide residential services in an individuals home in addition to a stock of units non-profit owned and operated to allow for independent living by those experiencing a disability.

The City of Bismarck also continues to identify the need for a low barrier shelter is a high priority goal. Missouri Slope Areawide United Way is the only homeless shelter in the community and restricts admission for individuals under the influence of drugs or alcohol. Individuals under the influence are often sheltered at an overnight coffee house, but this space is not equipped for daily living.

Specific market analysis data is detailed in the following tables.

MA-10 Number of Housing Units – 91.210(a)&(b)(2)

Introduction

The housing market trends in the City of Bismarck's jurisdiction remain consistent with new development of residential subdivisions, both urban and rural, and infill projects.

The City of Bismarck sees a mix of residential, both urban and rural, and commercial developments annually. The Together 2045 Plan guides these developments along with the City of Bismarck Code of Ordinances and specifically Title 14 administered by the Community Development Department. The City sees growth primarily to the north, south and east as development to the west is restricted by the Missouri River. A negotiated extraterritorial area (ETA) with Burleigh County allows for development between City limits and this ETA boundary with room for the future expansion of residential neighborhoods, commercial needs and public uses such as schools and parks into these undeveloped areas.

Anticipated growth throughout the life of this Consolidated Plan is expected to be primarily residential to the east and mixed residential and commercial to the north and south, as the population of Bismarck continues to grow. Infill projects continue to be guided by the Infill and Redevelopment Plan with the development of vacant lots where available and the repurposing of existing uses and structures to serve a combination of homeowners and renting tenants. Bismarck sees a balance of approximately 66% of living units being owner occupied and the remaining 34% as renter occupied.

All residential properties by number of units

Property Type	Number	%
1-unit detached structure	16,630	47%
1-unit, attached structure	3,300	9%
2-4 units	2,560	7%
5-19 units	4,065	12%
20 or more units	5,260	15%
Mobile Home, boat, RV, van, etc	3,305	9%
Total	35,120	100%

Table 27 – Residential Properties by Unit Number

Data Source: 2013-2017 ACS

Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	130	1%	490	4%
1 bedroom	145	1%	2,365	21%
2 bedrooms	3,605	17%	5,725	50%

	Owners		Renters	
	Number	%	Number	%
3 or more bedrooms	17,160	82%	2,770	24%
Total	21,040	101%	11,350	99%

Table 28 – Unit Size by Tenure

Data Source: 2013-2017 ACS

Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

2022 ACS data shows 2,980 households received federal assistance income through cash public assistance and/or food stamp/SNAP benefits in the twelve months prior. In Burleigh County, from July 2022 to date, North Dakota Homeowner Assistance has provided \$4,981,538 in aid for homeowners to avoid foreclosure and disconnection of utilities. For rental occupants, North Dakota Rent Help has assisted Burleigh County residents with \$18, 611, 948 in rent and utility assistance since July 2021.

From January 2023 through April 2024, the City of Bismarck assisted 51 people in 37 households with CDBG funds awarded to local agencies which provide subsistence payments in the form of rent, security deposits and utility back-pay in efforts to prevent or end homelessness.

Burleigh County Housing Authority continues to be the sole provider of public housing and public housing vouchers in the community and offers a total of 1,124 vouchers for their 232 special needs, basic care, Section 236 housing for families and permanent supportive housing units.

North Dakota Housing Finance Agency serves as the administrator of Low Income Housing Tax Credit (LIHTC), Home Investment Partnerships (HOME), National Housing Trust Fund (HTF) and the Housing Incentive Fund (HIF) for the State of North Dakota. The agency was able to award \$961,702 in HOME funding to CommunityWorks ND for the affordable housing development at Boulevard Avenue Apartments, as well as to Community Homes for their Washington Court Apartments, for the completion of affordable housing units.

Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.

Based on the April 4, 2024 HUD Multifamily Assistance and Section 8 database, the following represent the property, number of units and future expirations of contracts within the database for Bismarck:

- Community Homes of Bismarck, Inc. - 8 Section 202/PRAC units expiring in 2024
- Nodak Homes - 28 Section 202 units expiring in 2024

- Patterson Place - 117 Section 8 units expiring in 2040
- Sahnish Housing - 8 Section 202/PRAC units expiring in 2025
- Washington Court - 78 Section 8 units expiring in 2036

Burleigh County Housing Authority successfully completed the demolition of 17 units in their Dakota II public housing location to be followed by new construction of 34 units consisting of one three-story building with 20 one-bedroom units for individuals 62 and over and 14 two-bedroom townhome units in three buildings marketed as general occupancy. The anticipated completion date of the new units is summer 2025.

A report from the National Housing Preservation Database shows a total of 222 affordable housing units in 9 multi-family residential properties with periods of affordability that are expired or near expiration. City staff has initiated outreach to explore methods for advocacy that would help with the preservation of these units as affordable housing.

Does the availability of housing units meet the needs of the population?

According to recent American Community Survey data, approximately 47% of households in a rented household pay 30% or more of their household income to their housing costs. Housing units with a mortgage show of 30% or more than the household monthly income totals approximately 26%. While thousands of households experience problems or severe problems with their housing units and/or are cost burdened by paying 30% or greater of their gross income on housing, the overall vacancy rate remains generally low and was last reported at less than 5%, or 1,714 units. This would indicate that the availability of housing units is generally on pace with the population growth of Bismarck.

Describe the need for specific types of housing:

Currently only one agency in the community, Dacotah Foundation, offers housing services for individuals living with mental health and/or substance abuse related illnesses. They function as a liaison between social services and independent living options by connecting residents to opportunities for housing, while maintaining recovery efforts and a sustainable quality of life. Based on the results of the Household Survey Report conducted by the City's Community Development Department in 2021, as part of the Together 2045 Comprehensive Plan, the need for more affordable housing, general housing support and the overall cost of living and housing were identified as the main challenges in the community.

The vast majority, nearly 80%, of those who responded to the 2024 CDBG Community Survey identified decent, safe and affordable rental units as the top housing need in Bismarck. Input received at the 2024

Housing and Homelessness forum indicated additional housing needs for special populations such as those with little or no credit history, criminal backgrounds, specifically sex offenses, a limited or poor rental history and a current substance abuse condition. Concerns were vocalized regarding potential predatory housing practices and the need for enhanced fair housing operations.

Discussion

MA-15 Housing Market Analysis: Cost of Housing - 91.210(a)

Introduction

Housing costs continue to increase in Bismarck and surrounding communities. ACS data shows a 36% increase in the median home value from 2009 to 2017; and a 16% increase in the median contract rent rate for the same timeframe. As referenced in the previous Needs Assessment sections, a significant number of households experience a higher than average rate of cost burden, especially those in a low-moderate-income range.

City staff has identified opportunities to increase the number of affordable housing units, reduce barriers to affordable housing development and enhance existing housing stock through various financial programs and activities that support a variety of households.

Results of a community survey offered to the general public are reflected in the following sections.

Cost of Housing

	Base Year: 2009	Most Recent Year: 2017	% Change
Median Home Value	183,100	249,200	36%
Median Contract Rent	697	807	16%

Table 29 – Cost of Housing

Data Source: 2000 Census (Base Year), 2013-2017 ACS (Most Recent Year)

Rent Paid	Number	%
Less than \$500	1,625	14.3%
\$500-999	6,915	60.9%
\$1,000-1,499	2,260	19.9%
\$1,500-1,999	355	3.1%
\$2,000 or more	185	1.6%
Total	11,340	99.9%

Table 30 - Rent Paid

Data Source: 2013-2017 ACS

Housing Affordability

Number of Units affordable to Households earning	Renter	Owner
30% HAMFI	1,030	No Data
50% HAMFI	5,265	1,615
80% HAMFI	8,685	4,975

Number of Units affordable to Households earning	Renter	Owner
100% HAMFI	No Data	8,560
Total	14,980	15,150

Table 31 – Housing Affordability

Data Source: 2013-2017 CHAS

Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	764	848	955	1,346	1,621
High HOME Rent	764	848	955	1,346	1,621
Low HOME Rent	764	848	955	1,346	1,575

Table 32 – Monthly Rent

Alternate Data Source Name:

HUD FMR and HOME program Rents

Data Source Comments:

Is there sufficient housing for households at all income levels?

2022 ACS data shows a low availability of housing units that would not result in a cost burden. Households in the low- moderate-income range are most affected and the demand for housing for households which are 0-80 percent average median income (AMI) will continue to be high without the addition of affordable housing units to the community's housing inventory.

Results of a 2024 Housing and Homelessness Forum poll to participants of this input opportunity show an overall lack of affordable housing stock as the second priority need in the City, surpassed only by the need for a low-barrier 24-hour emergency shelter, by those who responded including non-profit agency representatives, health/medical providers, law enforcement, City and State employees and elected officials.

A community survey offered shows that 54% of participants feel there is not sufficient housing options in the community for their income level. Additionally, approximately 35% of respondents have an annual household income of \$108,500 or more. 76% of these occupy a single-family dwelling. The largest housing need identified from the options provided was the need for decent, safe and affordable housing. A number of additional responses included the need for property improvements to existing housing units, as well as options for difficult to house individuals, such as those with low- moderate-income, criminal histories or insufficient credit.

How is affordability of housing likely to change considering changes to home values and/or rents?

As shown above, the price of housing has continued to rise and, as shown in other sections, cost burdens have risen as well. As this trend continues, it is expected that housing will continue to remain unaffordable to many households and the number of households facing cost burdens or severe cost burdens will continue to rise. Where the cost of housing increases it can be expected that fair market rents would be adjusted accordingly and the availability of affordable housing, or income-based rentals, will become minimal.

How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?

A Zillow report from May 26, 2024 shows the median rental rate as being \$1,295. This rate, when capping housing cost at 30% of income, would require a monthly average household income of \$3,885, or \$46,620 annual. Approximately 28% of the Bismarck population is at or below this household income. As rents continue to rise and Fair Market Rents do not keep pace, it puts more pressure to preserve what affordable housing units are available to Bismarck residents.

Additionally, North Dakota Housing Finance Agency offers a number of affordable housing programs and plans to expand housing. These programs and plans are important for supporting ongoing affordable housing projects and activities that could also be funded with CDBG funds.

Discussion

MA-20 Housing Market Analysis: Condition of Housing – 91.210(a)

Introduction

This section is an analysis of the housing conditions in the Bismarck community by comparing the condition of units, construction years, vacant units and lead based paint risk factors. The most recent available ACS data and input received through a community survey was used to prepare this information.

Describe the jurisdiction's definition of "standard condition" and "substandard condition but suitable for rehabilitation":

Units that are classified as substandard condition are in poor condition and do not meet all state and local codes. Units that are substandard condition but are suitable for rehabilitation are both structurally and financially feasible to rehabilitate, up to 70 percent of the value of the unit. Standard condition is a unit that meets all state and local codes. The City of Bismarck maintains minimum rental housing standards through Chapter 4-11 of the City of Bismarck Code of Ordinances where minimum requirements are defined for structural integrity, lighting, ventilation, plumbing, mechanical, electrical, weatherproofing, means of egress, fire protection and pest elimination. Modifications where practical difficulties are involved in carrying out these requirements may have modifications granted by the City Building Official or Environmental Health Administrator where the modification is still in compliance with the intent and purpose of the ordinance, and that it does not further lessen health, life and safety requirements. The ordinance also allows a formal process to lodge unaddressed issues related to the preceding issues the tenant has communicated to the property manager/owner.

Suggestions provided through a community survey offered as part of the preparation of this Consolidated Plan included property inspections for mold and rebuilding foundations of older homes to keep them habitable. The need for minor rehabilitation to existing properties was selected as a housing need by approximately 45% of participants. These are factors that could be implemented into the jurisdictions definitions.

Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	3,285	16%	4,385	39%
With two selected Conditions	20	0%	165	1%
With three selected Conditions	0	0%	0	0%
With four selected Conditions	0	0%	0	0%

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
No selected Conditions	17,740	84%	6,800	60%
Total	21,045	100%	11,350	100%

Table 33 - Condition of Units

Data Source: 2013-2017 ACS

Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	6,335	30%	3,350	30%
1980-1999	4,985	24%	2,820	25%
1950-1979	8,125	39%	4,200	37%
Before 1950	1,595	8%	980	9%
Total	21,040	101%	11,350	101%

Table 34 – Year Unit Built

Data Source: 2013-2017 CHAS

Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	9,720	46%	5,180	46%
Housing Units build before 1980 with children present	3,025	14%	2,295	20%

Table 35 – Risk of Lead-Based Paint

Data Source: 2013-2017 ACS (Total Units) 2013-2017 CHAS (Units with Children present)

Vacant Units

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	0	0	0
Abandoned Vacant Units	0	0	0
REO Properties	0	0	0
Abandoned REO Properties	0	0	0

Table 36 - Vacant Units

Data Source: 2005-2009 CHAS

Need for Owner and Rental Rehabilitation

Approximately 46 percent of the housing stock in Bismarck has been constructed since 1980. The attached CPD map shows a concentrated area of HUD, LIHTC and public housing developments in

central Bismarck that has been identified as needing rehabilitation. This particular census tract also has the highest rate of low-income households as well as a large population change for residents ages 0-17.

The need for minor rehab has been indicated as a housing need in the community by over 40% of those who participated in the community survey. Approximately 30% of participants identified major rehabilitation of properties as a housing need. These needs could be candidates of the recently implemented Neighborhood Revitalization Initiative where low interest loans have been made available for a variety of residential property improvements.

Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

Approximately 46% of housing units in Bismarck were constructed prior to 1980 and could be considered at risk of having lead based paint. Older homes, particularly those built prior to 1978, have a greater likelihood of lead-based paint hazards than homes built after 1978, when lead as an ingredient in paint was banned. Indeed, environmental issues play an important role in the quality of housing. Exposure to lead-based paint, which is more likely to occur in these older homes, is one of the most significant environmental threats posed to homeowners and renters.

As seen in the preceding table, there are an estimated 5,320 housing units with children present that have lead-based paint risks. This includes 2,295 renter-occupied households and 3,025 owner-occupied households.

Discussion

The number of units with lead-based paint risks indicate there is some need for unit renovation in the community. Subrecipients of CDBG funds and those administering residential living activities are advised of the requirements of notifying tenants of the hazards of lead-based paint where applicable.

MA-25 Public and Assisted Housing – 91.210(b)

Introduction

Burleigh County Housing Authority continues to be the sole provider of public housing and administrator of various voucher programs. The following section describes the characteristics of these public and assisted housing units in Bismarck.

Totals Number of Units

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project -based	Tenant -based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available			282	1,059			0	0	0
# of accessible units									
*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition									

Table 37 – Total Number of Units by Program Type

Data Source: PIC (PIH Information Center)

Describe the supply of public housing developments:

Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

The Burleigh County Housing Authority (BCHA) manages approximately 1,124 vouchers including 25 HUD VASH Vouchers and 26 Mainstream Vouchers, 56 units of special needs housing, 18 Shelter Plus Care vouchers, 40 basic care units for the elderly, 96 units of Section 236 housing for families and 40 units of Permanent Supportive Housing. At this time, none of the projects have been designated as troubled or problematic. Many units have been renovated in the last few years and 17 units were demolished for the redevelopment of 34 new public housing units comprised of rowhouses and apartments. BCHA does implement a Public Housing Admissions and Occupancy Administrative Plan which explains local discretionary program functions in the Public Housing Program and all other operational procedures which are developed and implemented by Burleigh County Housing as required by HUD Regulations, Federal, State and local laws to administer this rental assistance program for low, very low, and extremely low-income families. The tenant's portion of the rent is based on 30% of the family's gross adjusted income.

Public Housing Condition

Public Housing Development	Average Inspection Score
Burleigh County Housing Authority	84
Scattered Sites	58
Tatley Meadows	67
Crescent West	64
Crescent Manor	61

Table 38 - Public Housing Condition

Describe the restoration and revitalization needs of public housing units in the jurisdiction:

Based on 66 FR 59084 (Public Housing Assessment System Physical Condition Scoring Process Interim Scoring, Corrections and Republication), a combination of factors are used when calculating the physical inspection score including grounds, healthy and safety, signage, refuse areas, structural integrity including foundation, walls and windows, HVAC, utility services and community use areas such as laundry rooms and common areas. The PHA scores range as 60-below (substandard), 61-90 (standard) and 91-above (high performer).

A determination was made by Burleigh County Housing Authority (BCHA), based on the conditions of the Dakota II units, that replacement of these units was an urgent need. BCHA partnered with Beyond Shelter, Inc. (BSI) to re-develop the Dakota II Apartments and Townhomes into fourteen (14) two-bedroom townhome units, in three buildings. The townhomes will be marketed for general occupancy, to serve families or qualified individuals. The townhome component will include three (3) accessible single-story units and the remaining townhome units will be two stories. As part of the demolition and new construction, the 17 units in the Cul-De-Sac apartments will be repositioned from public housing units to a project-based vouchers units. Dakota II Apartments will have project-based vouchers for all units. Construction of Dakota II Apartments and Townhomes is scheduled for completion in Spring 2025.

City staff continues to monitor the quality and quantity of public housing stock in the City of Bismarck and explores alternatives to support additions to this much needed housing option.

Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

BCHA continues to have organized tenant advisory councils which have representation on the Housing Authority Board. These advisory groups meet on a monthly or quarterly basis, and the Housing Authority Board meets with the councils at least once a year. The Housing Authority participates in a non-HUD sponsored self-sufficiency program. About 150 tenants a year are eligible to participate in this program, and it is open to non-tenants who may be residents of homeless shelters, housing for persons with

disabilities, or other programs. Services for the program are coordinated with local agencies serving LMI households.

Discussion:

Investments into the public housing stock are encouraged and monitored as a valuable asset to the housing stock in the City of Bismarck, particularly where voucher programs are administered and the need for affordable housing remains high.

MA-30 Homeless Facilities and Services – 91.210(c)

Introduction

The following section describes the available housing and facilities for homeless persons for the City of Bismarck through an inventory of available facilities and services, specifically those chronically homeless, with children, veterans, and/or their families, as well as unaccompanied youth. These locally included services and facilities operated by Missouri Slope Areawide United Way, Ministry on the Margins, Aid, Inc., Salvation Army, Stepping Stone Ministries and Youthworks.

Data provided by Continuum of Care is reflected in the following table.

Facilities and Housing Targeted to Homeless Households

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	163	0	43	115	0
Households with Only Adults	0	0	0	0	0
Chronically Homeless Households	0	0	0	0	0
Veterans	0	0	0	0	0
Unaccompanied Youth	0	0	0	0	0

Table 39 - Facilities and Housing Targeted to Homeless Households

Data Source Comments: Data is based on local shelter and provider inventory.

Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons

The service providers within the Bismarck offer a variety of services to the homeless or at risk of homelessness population. These include employment services, health services and mental health counseling. In addition to providing services that are designed for the homeless population, homeless persons are assessed and directed towards mainstream services such as Medicare/Medicaid, Veterans Affairs, and Social Security/SSI. Service providers participate in the statewide HMIS system to help assess needs and determine appropriate services. This allows for homeless persons to access a variety of services that are best suited to their needs. A medical respite facility, Stepping Stone Ministries, is in the process of being added to the community that will provide a direct link for homeless individuals being discharged from medical care at CHI St. Alexius to continue receiving acute care in addition to social and housing services. Other complimentary mental health support services include those provided by West Central Human Services, Sanford Health and CHI St. Alexius.

The need for a low-barrier shelter and medical detox facility continues to be a priority identified in various input opportunities, such as the 2024 Housing and Homelessness Forum. City staff maintains communication with the facilitator of a potential facility and it will likely continue to be a high goal of the Consolidated Plan and subsequent Annual Action Plans.

List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.

Less mainstream facilities and services addressing homeless persons needs within the community are identified as follows:

- Abused Adult Resource Center- Supporting emergency, transitional and permanent supportive housing for up to 78 individuals at various locations
- Community Action Program – Providing rent/utility assistance, emergency food, and household items as well as 16 permanent supportive housing units
- Native American Development Center – Providing housing, consumer finance and peer support, development, culture, and advocacy for Native Americans
- Salvation Army – Providing emergency food and rent/utility assistance
- United Way Emergency Shelter – Providing emergency homeless shelter for men, woman, and children, with 93 beds provided

- Youthworks – Providing emergency homeless shelter for unaccompanied youth ages 12-17 and transitional housing for ages 18-21 with a capacity of up to 5 emergency shelter spaces and 18 transitional housing spaces
- Ministry on the Margins – Providing emergency shelter support through hotel vouchers, food, and prison-to-society support as well as overnight sheltering for an average of 55 individuals per night
- Edwinton Place - Permanent supportive housing facility with 40 housing units that utilizes the Housing First approach with the focus of serving individuals who are facing chronic homelessness who may be dealing with mental health and/or substance abuse disorders
- Welcome House - Provides emergency shelter as transitional housing for up to six families at one time (estimated occupancy of 27 individuals total)
- Boulevard Apartments - Provides up to 10 living units to 0-30% AMI households and up to 11 units to 0-50% AMI households
- Burleigh County Housing Authority - Shelter Plus Care provides 24 units of emergency shelter. Additionally, their Veterans Affairs Supporting Housing (VASH) program makes available 20 units of permanent supportive housing

While a number of substance abuse services and facilities are available in the community, including Heartview Foundation and New Freedom Center, the need for an emergency low-barrier shelter and medical detox facility continues.

MA-35 Special Needs Facilities and Services – 91.210(d)

Introduction

The special needs populations in Bismarck have a variety of needs including housing and service needs. The following will describe the facilities and services that assist those who are not necessarily homeless, but who may require supportive housing services.

Including the elderly, frail elderly, persons with disabilities (mental, physical, developmental), persons with alcohol or other drug addictions, persons with HIV/AIDS and their families, public housing residents and any other categories the jurisdiction may specify, and describe their supportive housing needs

Elderly and frail elderly populations in Bismarck are able to receive support services from agencies such as Burleigh County Senior Adults Program (fka Burleigh County Council on Aging) where nutritional support, health maintenance and outreach services are provided. Outreach coordination ensures life transitions such as housing changes and home cares services are properly connected.

Dacotah Foundation provides residential and recovery services to promote independent living opportunities for individuals who may be experiencing mental health or substance abuse challenges. Where special needs housing continues to be minimal in the community, this agency fosters their clients through mentoring and peer support, representative payees, medication monitoring, transportation, crisis stabilization and referrals to ongoing care through local human services. Additionally, a number of residential properties are owned and operated by Dacotah Foundation where tenants can live independently where they might otherwise struggle to avoid homelessness.

A number of chronically homeless individuals continue to receive support in the form of shelter from both Missouri Slope Areawide United Way (MSAUW) and Ministry on the Margins (MOTM), however, a 24/7 facility is not available. Adults and families with children may be provided with day services and shelter from MSAUW including food, social services, transportation, clothing, religious support, and education on daily life and social skills as well as employment support. MOTM continues to grow their overnight coffee house where individuals are provided overnight shelter and connectivity to community services to promote ending homelessness. Efforts continue to be made to expand emergency shelter options in Bismarck by both City staff and non-profit agencies.

Those seeking to occupy public housing work through Burleigh County Housing Authority (BCHA) as the sole public housing provider in the community. BCHA recently moved forward with the demolition of their seventeen Dakota II units for the creation of the Dakota II Apartments and Townhomes to include thirty-four new public housing units. While waiting lists for housing placement average 6-18 months,

increasing the public housing inventory by seventeen additional units will somewhat reduce the number of individuals needing housing. Completion of these properties is anticipated for spring 2025.

Victims of domestic violence are most often referred to Abused Adult Resource Center as an agency that can provide emergency housing between two domestic violence shelter locations. While receiving shelter, clients can receive guidance on alternative housing options in the hopes of reducing chances of returning to unstable living conditions or falling into a situation of homelessness. This population is at high-risk of both situations and supportive housing needs are significant.

The City of Bismarck has put great emphasis on the need for additional alcohol and drug addiction services, such as a medical detox facility and continues to make this a high priority goal in various plans and goals.

Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing

Dacotah Foundation and BCHA both have transitional services that connect persons experiencing mental and physical health transitions to permanent supportive housing options. BCHA facilitates operations of Edwinton Place where the recovery oriented 'housing first' model is approached to encourage ending homelessness.

Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)

One-year goals of the City of Bismarck to be undertaken include assistance in the form of CDBG funds for improvements to local domestic violence shelters, neighborhood food banks, residential and independent living facilities, and single-family ADA accessibility projects.

For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))

The City has established goals to support public service activities and to improve the quality of public facilities. The City has made and will continue to make funding available to service providers that serve special needs populations in the City. In addition, the City will fund service providers that serve youth and persons with mental/behavior health issues.

MA-40 Barriers to Affordable Housing – 91.210(e)

Negative Effects of Public Policies on Affordable Housing and Residential Investment

The City of Bismarck administratively governs ordinances that regulate parking ordinances, rights-of-way and roadway widths in residential neighborhoods. These ordinances are intended to allow more developable space for housing and in turn potentially lessen the input costs for development. The City of Bismarck also implements its comprehensive plan, Together 2045, which includes a chapter dedicated to housing and guidance on future land uses by area. The impacts of public policy, such as zoning and subdivision regulations, are monitored for their impact on housing affordability. The City currently does not have a policy on the minimum requirements related to providing affordable housing with new developments.

The City of Bismarck has initiated a re-write of its zoning ordinance (Title 14 of the Code of Ordinances) for the creation of a Land Development Code (LDC). This will allow for a better alignment of the zoning and regulations that guide the growth of the City and increased flexibility during development.

City staff has also received guidance from North Dakota Housing Finance Agency on the value of a Concerted Community Plan and has confirmed through its partnership with North Dakota Housing Finance Agency that content of the Together 2045 Consolidated Plan, specifically, the Community Opportunity and Revitalization Effort (CORE) element, meets the requirements of a Concerted Community Plan. The CORE element defines areas of Bismarck that contain sites with significant potential for revitalization. Certain CORE areas, especially in the downtown, began this process many years ago but still have room for additional investment. The area is determined based on a redevelopment index, using variables such as property values, age of structures, and excess parking availability. The designation of CORE areas signals an openness to change. All infill and redevelopment should be sensitive to the surrounding context, and new development within these areas should contribute to an overall renewal of the neighborhood or district. The CORE areas are ideal locations for the use of development-based investments that may be available from federal, state, or local sources. Any needed amendments to the Together 2045 Consolidated Plan would be completed as needed to continue to bolster affordable housing projects, specifically those seeking Low Income Housing Tax Credit (LIHTC) funding.

MA-45 Non-Housing Community Development Assets – 91.215 (f)

Introduction

The following business data of thirteen industry sectors includes the number of workers and jobs in each business sector, and calculates totals and ratio of workers to each job by business type as a measure of workforce supply or local need for jobs in a particular industry.

Economic Development Market Analysis

Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	725	177	3	0	-3
Arts, Entertainment, Accommodations	4,060	5,975	15	15	0
Construction	1,752	2,225	6	5	-1
Education and Health Care Services	7,002	11,631	25	28	3
Finance, Insurance, and Real Estate	1,725	2,591	6	6	0
Information	469	708	2	2	0
Manufacturing	882	771	3	2	-1
Other Services	1,165	1,841	4	4	0
Professional, Scientific, Management Services	2,779	4,755	10	12	2
Public Administration	0	0	0	0	0
Retail Trade	4,478	7,297	16	18	2
Transportation and Warehousing	1,029	1,209	4	3	-1
Wholesale Trade	1,525	1,968	6	5	-1
Total	27,591	41,148	--	--	--

Table 40 - Business Activity

Data Source: 2013-2017 ACS (Workers), 2017 Longitudinal Employer-Household Dynamics (Jobs)

Labor Force

Total Population in the Civilian Labor Force	39,780
Civilian Employed Population 16 years and over	38,660
Unemployment Rate	2.85
Unemployment Rate for Ages 16-24	13.59
Unemployment Rate for Ages 25-65	1.50

Table 41 - Labor Force

Data Source: 2013-2017 ACS

Occupations by Sector	Number of People
Management, business and financial	10,270
Farming, fisheries and forestry occupations	1,190
Service	4,440
Sales and office	7,370
Construction, extraction, maintenance and repair	3,465
Production, transportation and material moving	2,120

Table 42 – Occupations by Sector

Data Source: 2013-2017 ACS

Travel Time

Travel Time	Number	Percentage
< 30 Minutes	33,161	91%
30-59 Minutes	1,769	5%
60 or More Minutes	1,509	4%
Total	36,439	100%

Table 43 - Travel Time

Data Source: 2013-2017 ACS

Education:

Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	915	55	600

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
High school graduate (includes equivalency)	5,170	100	2,180
Some college or Associate's degree	10,920	280	2,150
Bachelor's degree or higher	14,115	125	875

Table 44 - Educational Attainment by Employment Status

Data Source: 2013-2017 ACS

Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	0	0	0	0	0
9th to 12th grade, no diploma	0	0	0	0	0
High school graduate, GED, or alternative	0	0	0	0	0
Some college, no degree	0	0	0	0	0
Associate's degree	0	0	0	0	0
Bachelor's degree	0	0	0	0	0
Graduate or professional degree	0	0	0	0	0

Table 45 - Educational Attainment by Age

Data Source Comments:

Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	34,609
High school graduate (includes equivalency)	34,216
Some college or Associate's degree	40,605
Bachelor's degree	56,222
Graduate or professional degree	70,224

Table 46 – Median Earnings in the Past 12 Months

Data Source: 2013-2017 ACS

Based on the Business Activity table above, what are the major employment sectors within your jurisdiction?

The leading employment sectors identified in the Business Activity Table include: Education and Health Care Services (25%), Retail Trade (16%), and Arts/Entertainment/Accommodations (15%). As Bismarck is

the State capital and also the county seat, it is home to several thousand individuals within the public administration sector.

Describe the workforce and infrastructure needs of the business community:

A significant barrier to successful employment continues to be the need for quality child care services. A number of residential areas continue to be disconnected from transportation services creating home to work commute challenges. Quality child care and access to public transportation were identified as the fourth and fifth largest issues by participants of the 2024 Housing and Homeless Forum poll.

Describe any major changes that may have an economic impact, such as planned local or regional public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.

A large portion of the downtown area has been included in the City's Renaissance Zone since 2001. The Renaissance Zone is a state program that permits cities to define a geographic area that requires revitalization in order to attract and retain businesses and residents. The program encourages development through tax exemptions and credits for both business and housing.

The City of Bismarck continues to support the Bismarck-Mandan Chamber/EDC. This development association encourages business development in the Bismarck MSA by providing tax supported funds for businesses to relocate or expand in the Bismarck area.

How do the skills and education of the current workforce correspond to employment opportunities in the jurisdiction?

The skills available in the current workforce appear to be well aligned with the job market. However, North Dakota Job Services consistently reports an excess of open jobs in the Bismarck-Mandan region, indicating that the workforce is insufficient in size to meet this demand.

Describe any current workforce training initiatives, including those supported by Workforce Investment Boards, community colleges and other organizations. Describe how these efforts will support the jurisdiction's Consolidated Plan.

The North Dakota Department of Commerce operates a workforce development division that provides training and employment information in Bismarck. Bismarck State College is a local community college that offers workforce development, including a partnership with TrainND that offers online resources. United Tribes Technical College also offers workforce training opportunities. Continued support for workforce development provides households with the income necessary to afford available housing in the community.

Does your jurisdiction participate in a Comprehensive Economic Development Strategy (CEDS)?

Yes

If so, what economic development initiatives are you undertaking that may be coordinated with the Consolidated Plan? If not, describe other local/regional plans or initiatives that impact economic growth.

The Lewis and Clark Development Council has developed a Comprehensive Economic Development Strategy (CEDS) 2024-2028 for the region, including Burleigh County and Bismarck. The purpose of this plan is to foster an increase in jobs, expand the tax base, improve the standard of living for its citizens, improve infrastructure and focus on future needs. Coordination between the goals and development of this Consolidated Plan will further the economic development strategy adopted for the region. The Bismarck-Mandan Chamber EDC has also identified a Policy Development factor in their 2023-2025 Strategic Plan to strengthen relationships with local officials at the City, County, School and Park level to include convening a new committee of representatives from each entity to ensure maximum communication and also provide a forum for direct communication between local political subdivisions and the business community via the Local Issues Committee.

Discussion

The City of Bismarck has a diverse economic base that has been primarily resilient with income and unemployment continuing to trend in a positive trajectory. Mean household income has rose steadily, however, increased cost of living expenses are disproportionately high compared to current household income reports.

MA-50 Needs and Market Analysis Discussion

Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")

The Bismarck-Mandan Metropolitan Planning Organization (MPO) annually identifies concentrations of households in poverty. The attached map depicts the areas with the highest concentration of populations in poverty and minority populations are defined where 0-5%, 5%-10%, 10%-20%, and 20% or greater of a minority population, or the level of poverty, exists in these ranges.

Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")

According to the 2020 Census, Bismarck has the following minority groups;

- 2.5% Black or African American alone
- 4.1% American Indian and Alaska Native alone
- 1.0% Asian alone
- 0.9% Native Hawaiian and Other Pacific Islander alone
- 4.7% Two or more Races
- 2.7% Hispanic or Latino

The 2020 Census Bureau breakdown of race/ethnicity is attached and the included CPD maps show areas where Black or African American, American Indian or Alaska Native, and Two or more races, not Hispanic reside at higher population rates than Asian, Native Hawaiian and Hispanic or Latino households.

One census tract, 38015010100, shown in red on the attached CPD maps, indicates the highest concentration of low and extremely-low income households in the City of Bismarck, where 25.18-38.75% of the tract is extremely low-income, and 39.09-54.18% of the tract is low-income.

What are the characteristics of the market in these areas/neighborhoods?

The census tract referenced above is in an original part of the City of Bismarck in an area of primarily single-family residential uses. CPD maps indicates the following characteristics:

- Total Households: 1,827 (approximately 1.83 people per household)
- Unemployment: 2.97%
- Vacancy Rate: 8.42%

- Median Household Income: \$39,306

- Median Home Value - \$219,200

- Median Contract Rent - \$615

- Poverty Rate: 18.18%

- Housing Cost Burden: 27.37%

- Renter Occupied: 69.13%

- Owner Occupied: 30.87%

- Rentals Built Before 1949: 36.58%

- Low Income Households: 860

- Moderate Income Households: 1,185

The area is shown on the attached CPD tract map, bound by West Boulevard Avenue, South Washington Street, Bowen Avenue and North 9th Street.

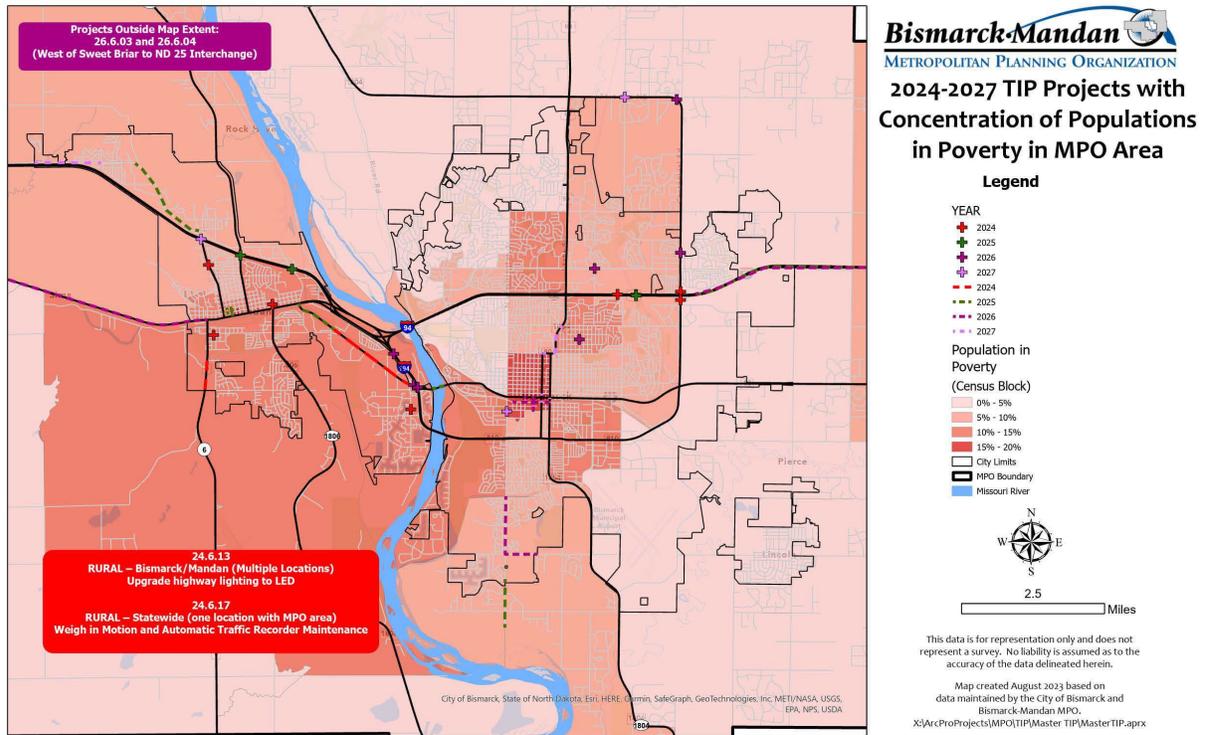
Are there any community assets in these areas/neighborhoods?

The area contains a number of critical community components including municipal services like the Burleigh County Courthouse, Bismarck Veterans Memorial Public Library, Bismarck Event Center, Peace Park and the City-County Office Building. A number of health-medical services are available through Sanford Health Center, Family Practice Center UND and Sanford College of Nursing. There is several religious facilities, as well as one public elementary school and one public high school. Burleigh County Housing Authority operates Crescent Manor in the southwest portion of the neighborhood which offers 165 55+ public housing units. Additionally, the historic Patterson Place in the center of downtown offers 117 Section 8 units for elderly and disabled adults.

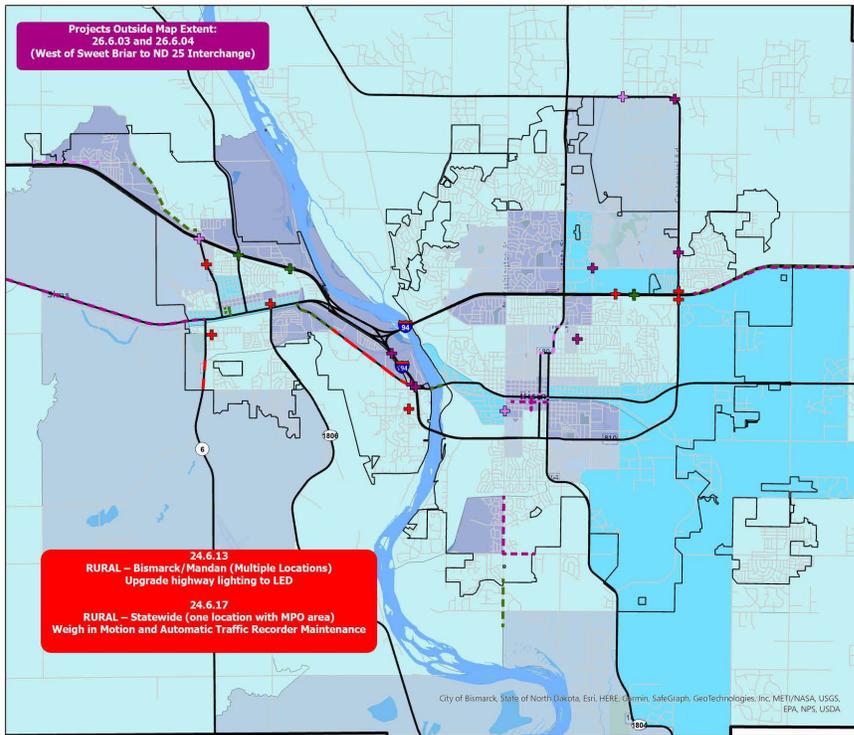
Being a historic area of the City, efforts are continuously made to preserve the region while exploring opportunities for affordable housing.

Are there other strategic opportunities in any of these areas?

The City's Renaissance Zone Program, created in 2001, has played a vital role for increased development in the core of the community. Many improvements have been to buildings thereby increasing economic opportunities and preserving this historical area with the use of tax incentives for improvement projects. A significant number of retail, commercial office, food establishment and entertainment spaces have benefitted from this program. City Planning staff oversees the administration of the program and works diligently to ensure its continued operations and benefits.



Poverty Concentration Areas



Bismarck-Mandan
METROPOLITAN PLANNING ORGANIZATION
**2024-2027 TIP Projects with
Concentration of Minority
Populations in MPO Area**

Legend

YEAR

- 2024
- 2025
- 2026
- 2027
- 2024
- 2025
- 2026
- 2027

**Minority Population
(Census Block)**

- 0% - 5%
- 5% - 10%
- 10% - 20%
- 20% +
- City Limits
- MPO Boundary
- Missouri River



2.5 Miles

This data is for representation only and does not represent a survey. No liability is assumed as to the accuracy of the data delineated herein.

Map created August 2023 based on data maintained by the City of Bismarck and Bismarck-Mandan MPO.
X:\ArcProProjects\MPO\TIP\Master TIP\MasterTIP.aprx

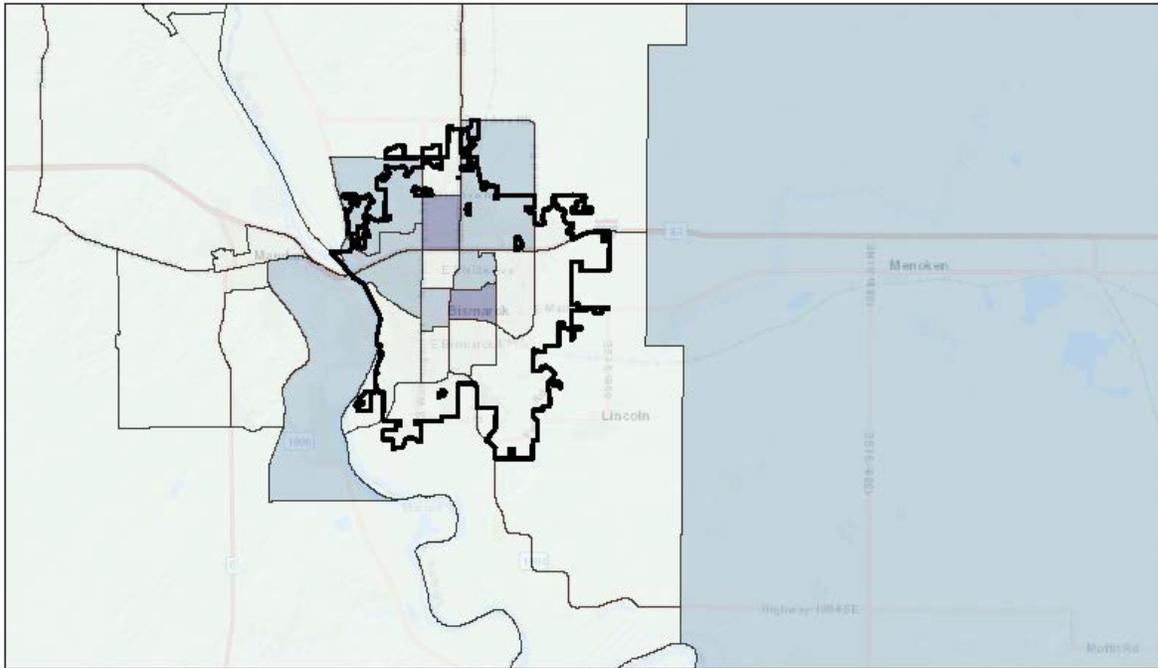
Minority Concentration Areas

Table: ACSDP5Y2022.DP05

Bismarck city, North Dakota				
Label	Estimate	Margin of Error	Percent	Percent Margin of Error
RACE				
Total population	73,694	±52	73,694	(X)
White	63,411	±760	86.0%	±1.0
Black or African American	1,873	±319	2.5%	±0.4
American Indian and Alaska Native	2,990	±533	4.1%	±0.7
Asian	723	±148	1.0%	±0.2
Native Hawaiian and Other Pacific Islander	652	±444	0.9%	±0.6
Two or More Races	3,447	±850	4.7%	±1.2
Race alone or in combination with one or more other races				
Total population	73,694	±52	73,694	(X)
White	66,804	±696	90.7%	±0.9
Black or African American	2,669	±184	3.6%	±0.3
American Indian and Alaska Native	3,929	±537	5.3%	±0.7
Asian	1,002	±193	1.4%	±0.3
Native Hawaiian and Other Pacific Islander	701	±447	1.0%	±0.6
Some Other Race	2,250	±630	3.1%	±0.9
HISPANIC OR LATINO AND RACE				
Total population	73,694	±52	73,694	(X)
Hispanic or Latino (of any race)	1,973	±277	2.7%	±0.4
Not Hispanic or Latino	71,721	±285	97.3%	±0.4

2020 USCB Race-Ethnicity

CPD Maps - Consolidated Plan and Continuum of Care Planning Tool



August 29, 2024

Override 1

0-2.64%

2.64-5.80%

5.80-12.93%

1:262,029

0 1.5 3 6 mi

0 2.25 4.5 9 km

Sources: Esri, HERE, Garmin, USGS, Imagery, NCES, P. HSC, Esri, Japan, NICTD, Esri, China (Hong Kong), Esri, Korea, Esri (Taiwan), Esri, (UK), OpenStreetMap contributors, and the GIS User Community

CPD Two or more races-Not Hispanic

MA-60 Broadband Needs of Housing occupied by Low- and Moderate-Income Households - 91.210(a)(4), 91.310(a)(2)

Describe the need for broadband wiring and connections for households, including low- and moderate-income households and neighborhoods.

2022 ACS data shows for 33,320 households, 31,653, or 94.9%, of them have a computer. Of those, 94.1% have a broadband internet subscription. This information is attached. The following table identifies the availability of computers by type in households, as well as, Internet subscriptions and access to broadband by income. Within annual household income groups of \$20,000 or less, roughly 68.5% have broadband access. For income groups ranging from \$20,000-\$74,999, approximately 90.2% percent of households have broadband access. For income groups \$75,000 or more, 96.3% percent of households have broadband access. This information is also attached. Bismarck is well served by broadband and most of the providers have programs to assist LMI households gain broadband access. Surveys were sent to Dakota Carrier Network, Midcontinent Communications, Lumen, Bek Tel and Verizon Wireless in August 2024 to collect information on subscription limitations and obstacles, especially for LMI households, and what outreach, discounts or on-going education is available for customers. At the time this information was prepared, one response had been received from MidContinent Communications. The returned survey with responses is attached.

Describe the need for increased competition by having more than one broadband Internet service provider serve the jurisdiction.

Bismarck is served by five broadband service providers including ADSL, cable, fiber, fixed wireless and satellite so a variety of options are available to all households types.

Table: ACSDT1Y2022.B28003

	Bismarck city, North Dakota	
Label	Estimate	Margin of Error
Total:	33,320	±1,366
Has a computer:	31,653	±1,556
With dial-up Internet subscription alone	0	±170
With a broadband Internet subscription	29,892	±1,582
Without an Internet subscription	1,761	±766
No computer	1,667	±619

ACS Computers in Households

Table: ACSST1Y2022.S2801

Bismarck city, North Dakota				
	Total		Percent	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total households	33,320	±1,366	(X)	(X)
TYPES OF COMPUTER				
Has one or more types of computing devices:	31,653	±1,556	95.0%	±1.9
Desktop or laptop	28,020	±1,698	84.1%	±3.2
Desktop or laptop with no other type of computing device	984	±596	3.0%	±1.8
Smartphone	30,112	±1,607	90.4%	±2.4
Smartphone with no other type of computing device	2,333	±888	7.0%	±2.7
Tablet or other portable wireless computer	19,826	±2,038	59.5%	±5.4
Tablet or other portable wireless computer with no other type of computing device	309	±255	0.9%	±0.8
Other computer	411	±376	1.2%	±1.1
Other computer with no other type of computing device	0	±170	0.0%	±0.4
No computer	1,667	±619	5.0%	±1.9
TYPE OF INTERNET SUBSCRIPTIONS				
With an Internet subscription:	30,164	±1,586	90.5%	±2.7
Dial-up with no other type of Internet subscription	40	±65	0.1%	±0.2

ACS Computers in Households with Income Page 1

Table: ACSST1Y2022.S2801

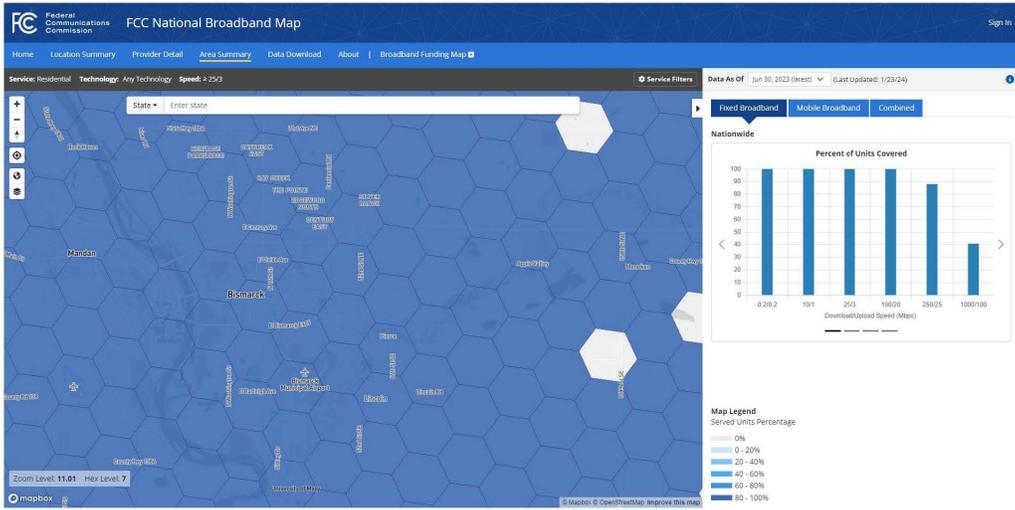
	Bismarck city, North Dakota			
	Total		Percent	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Broadband of any type	30,124	±1,584	90.4%	±2.7
Cellular data plan	28,846	±1,721	86.6%	±3.4
Cellular data plan with no other type of Internet subscription	2,112	±715	6.3%	±2.1
Broadband such as cable, fiber optic or DSL	27,184	±1,690	81.6%	±3.7
Satellite Internet service	1,000	±606	3.0%	±1.8
Without an Internet subscription	3,156	±916	9.5%	±2.7
HOUSEHOLD INCOME IN THE PAST 12 MONTHS (IN 2022 INFLATION-ADJUSTED DOLLARS)				
Less than \$20,000:	4,314	±1,385	(X)	(X)
With dial-up Internet subscription alone	0	±170	0.0%	±2.7
With a broadband Internet subscription	2,953	±1,254	68.5%	±13.7
Without an Internet subscription	1,361	±629	31.5%	±13.7
\$20,000 to \$74,999:	12,487	±1,429	(X)	(X)
With dial-up Internet subscription alone	40	±65	0.3%	±0.5
With a broadband Internet subscription	11,268	±1,516	90.2%	±4.5
Without an Internet subscription	1,179	±549	9.4%	±4.5

ACS Computers in Households with Income Page 2

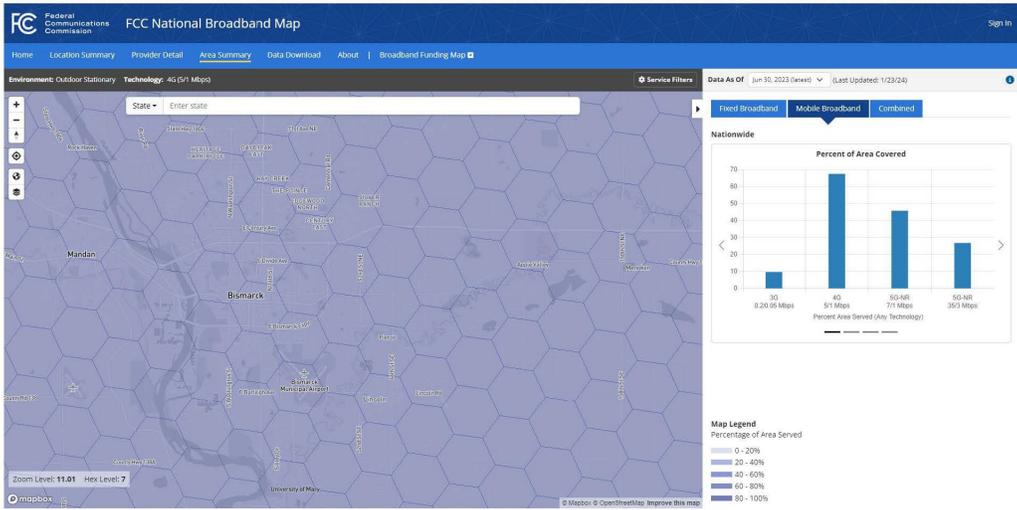
Table: ACSST1Y2022.S2801

Bismarck city, North Dakota				
	Total		Percent	
Label	Estimate	Margin of Error	Estimate	Margin of Error
\$75,000 or more:	16,519	±1,776	(X)	(X)
With dial-up Internet subscription alone	0	±170	0.0%	±0.7
With a broadband Internet subscription	15,903	±1,747	96.3%	±2.6
Without an Internet subscription	616	±441	3.7%	±2.6

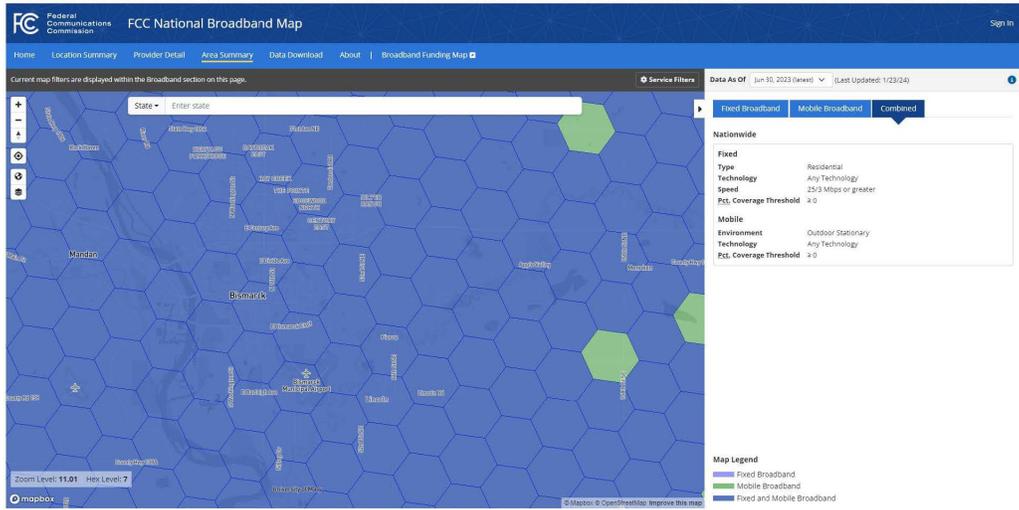
ACS Computers in Households with Income Page 3



FCC Broadband Maps Page 1



FCC Broadband Maps Page 2



FCC Broadband Maps Page 3

Broadband Connection Consultation 2024

The City of Bismarck's 2025-2029 CDBG Consolidated Plan works towards closing the "digital divide" that continues to be a priority where internet access may be limited. This brief survey will help the City of Bismarck's Community Development Department plan and better respond to this community need.

1. Generally, why do people not subscribe to internet?

Income limitations/Affordability

Absence of broadband and basic internet infrastructure

General resistance to the digital age/resistance to change Lack of digital literacy skills

Relevancy (internet not necessary to daily living)

Other (please specify)

Factors such as lack of devices or basic digital skills can keep residents from subscribing to the internet.

2. In your experience, what are the main challenges/obstacles of broadband access for low- and moderate-income households?

Often times, lack of awareness of assistance programs such as Lifeline and lack of access to connected devices and/or digital skills training are the main barriers facing low-and-moderate income households.

3. In your experience, are there areas of the city with a substantially lower broadband adoption rate? If so, which areas and why?

To Midco's knowledge, there are not general areas of lower adoption rate.

4. How can the City of Bismarck help bridge the digital divide or play a part in bringing unconnected communities online?

A key action time that cities can take is to establish digital skills programming at city facilities, such as the public library, and to raise awareness about such opportunities.

5. Does your company offer any special broadband outreach plans for people/customers experiencing various challenges, such as AARP member discounts, on-going education and free access etc.? Please explain.

Midco is proud to participate in the FCC's Lifeline program, which reduces the cost of broadband service for eligible households. Residents can learn more at Midco.com/internetassistance

Broadband Survey - MidCo

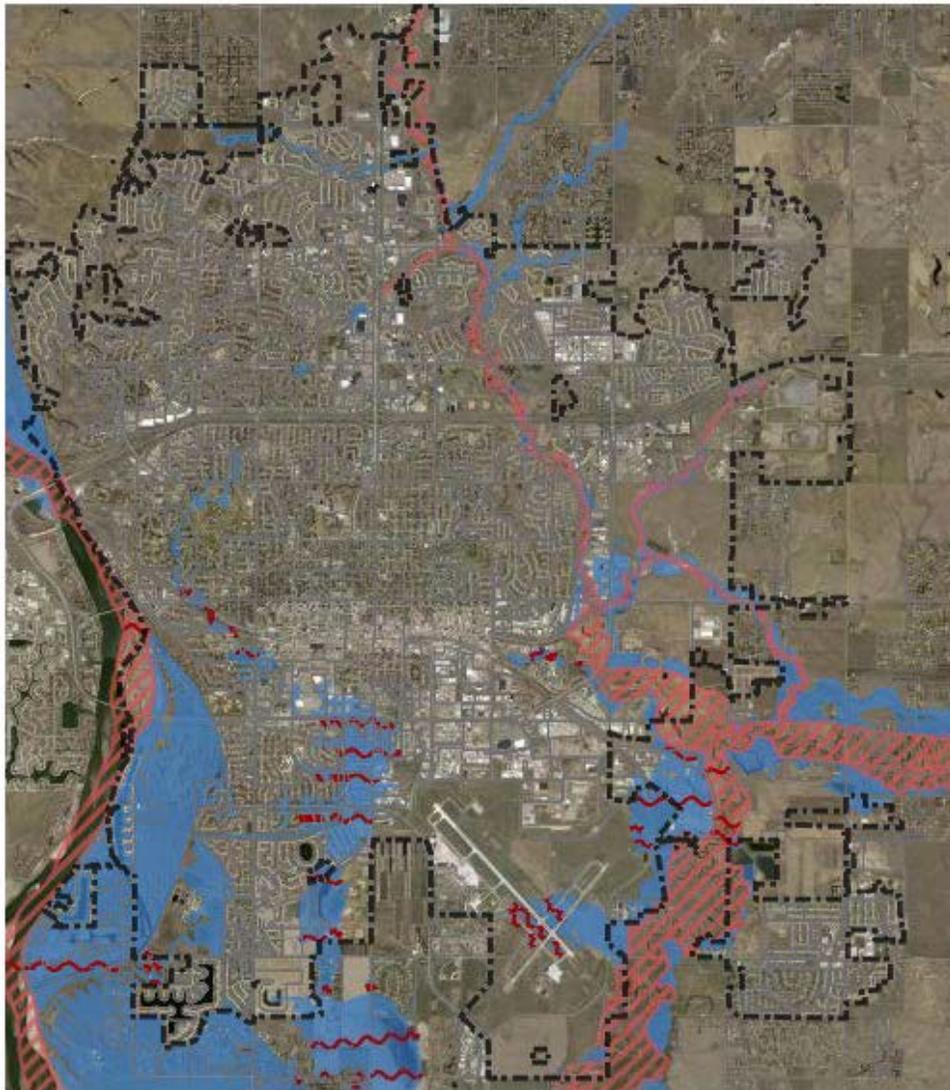
MA-65 Hazard Mitigation - 91.210(a)(5), 91.310(a)(3)

Describe the jurisdiction's increased natural hazard risks associated with climate change.

The City of Bismarck 2020 Multi-Hazard Mitigation Plan, adopted by FEMA on January 21, 2021, prioritizes natural hazards of winter storms and tornados as a high risk, severe summer weather, flood and communicable disease as moderate risk and biological infestation, drought, geologic hazard, and wildland fire as low risk hazards. There is no high risk of technological or human caused hazards prioritized. Shortage or outage of critical materials or infrastructure, hazardous materials release, train derailment, active threat and civil disturbance are listed as moderate risk and fire, dam failure and aircraft accidents are prioritized low risk hazards. These hazards could potentially be impacted by climate change. The City of Bismarck' Emergency Management Division is currently seeking public input for updates to the Plan in 2025.

Describe the vulnerability to these risks of housing occupied by low- and moderate-income households based on an analysis of data, findings, and methods.

The majority of potential natural hazards associated with climate change which could impact Bismarck are ubiquitous throughout the community. Recent ordinance adoptions have been completed to mitigate potentially costly improvements necessary to elevate newly placed units in the floodplain. However, there may still be financial hardship, in addition to the susceptibility to flood hazard, imposed on these areas due to flood risk. Census tracts where there is a higher percentage of LMI households have a slightly increased risk of flooding vulnerability due to the recent changes to the Flood Insurance Rate Map. A variety of manufactured homes serving as market rate affordable housing in south Bismarck are now in the 100-year floodplain with the most recent FEMA Flood Insurance Rate Map update. A major infrastructure improvement is being pursued including FEMA, state, and local funding to remove many of the homes from the floodplain. A City of Bismarck GIS map showing floodway, Base Flood Elevations, and the 1% annual chance (or 100-year) flood hazard areas is attached.



SFHA and Floodplain Map

Strategic Plan

SP-05 Overview

Strategic Plan Overview

The following priority needs and associated goals will guide the 2025-2029 Consolidated Plan for the City of Bismarck.

Affordable and Public Housing Goals

- Retain affordable housing
- Support homeownership for LMI households
- Improve accessibility of housing

Non-Housing Community Development

- Enhance mobility through public transit
- Improve public facilities
- Enhance public infrastructure
- Administer program efficiently and transparently
- Support mental health and childcare services

Homeless Housing and Services

- Prevent and end homelessness

Fair Housing and Non-Discriminatory Practices

- Affirmatively further fair housing

SP-10 Geographic Priorities – 91.215 (a)(1)

Geographic Area

Table 47 - Geographic Priority Areas

1	Area Name:	Citywide
	Area Type:	Funds are not targeted geographically, but are available citywide
	Other Target Area Description:	Funds are not targeted geographically, but are available citywide
	HUD Approval Date:	
	% of Low/ Mod:	
	Revital Type:	
	Other Revital Description:	
	Identify the neighborhood boundaries for this target area.	
	Include specific housing and commercial characteristics of this target area.	
	How did your consultation and citizen participation process help you to identify this neighborhood as a target area?	
	Identify the needs in this target area.	
	What are the opportunities for improvement in this target area?	
Are there barriers to improvement in this target area?		

General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

During the course of the five planning years from 2025 through 2029, funds will be made available to eligible beneficiaries city-wide. The City of Bismarck does not have any targeted areas of CDBG investments. Agencies which are serving primarily low to moderate income individuals provide support on a community-wide basis, not located in designated LMI areas. The City has and would continue to support activities designated as a Low- Moderate Income Area (LMA), such as parks and advertising of services in accordance with the requirements of 24 CFR. Agencies have found greater success in

administering CDBG city-wide as opposed to limiting them to a restricted area due to cost burdens, unemployment, homelessness and general LMI needs across the city as a whole. This also allows for the investment of CDBG funds across the jurisdiction.

Historically, the City has seen CDBG funds utilized in areas classified as low- moderate-income census tracts, however funds are not limited to these areas unless a LMA activity is implemented. It is not uncommon for these census tracts to also contain a number of agencies that serve low- moderate-income individuals, and are frequented by individuals experiencing or at risk of homelessness due to their accessibility in well-developed, walkable areas. The City of Bismarck intends on distributing CDBG funds throughout the City based on a variety of factors, including the level of need and the capacity to meet needs. Therefore, funds will be available city-wide, although may be targeted to areas of high need during subsequent plan years.

The attached map identifies LMI areas within Bismarck.

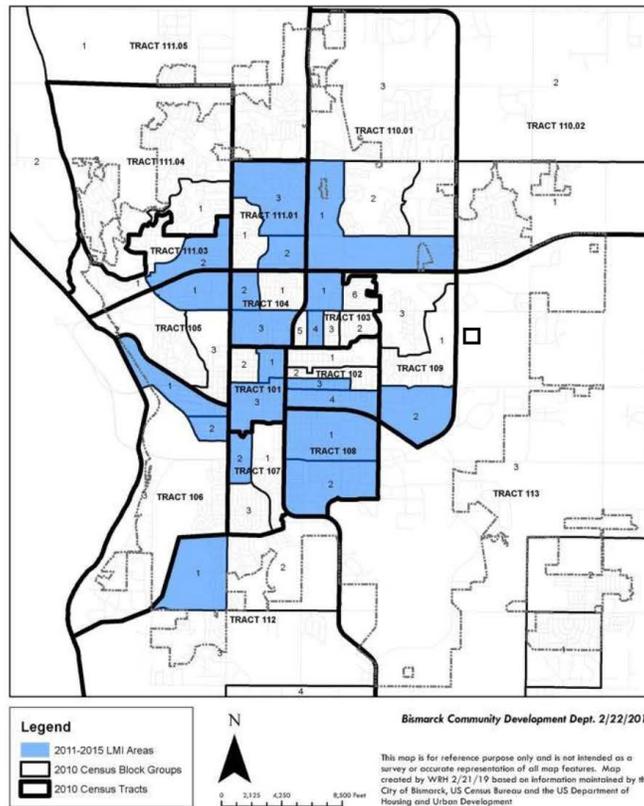
City of Bismarck CDBG Funding Application 2023

Low-to-Moderate-Income Area

Activities qualifying for funding based on their location must be in a Low-to Moderate-Income Area (LMA). An area is considered to meet the test of being LMA if there is a sufficient large percentage (51%) of LMI persons residing in the service area as determined by the most recently available Decennial Census/American Community Survey (ACS) information, together with the Section 8 income limits that would have applied at the time the income information was collected by the Census Bureau.

The Office of Community Planning and Development (CPD) provides estimates of the number of persons that can be considered Low-, Low- to Moderate-, and Low-, Moderate-, and Medium-income persons based on special tabulations of data from the 2011-2015 ACS 5-Year Estimates. The following block groups are classified as LMI Areas in the City of Bismarck

2011-2015 LMI Areas - Bismarck, ND



LMI Map

SP-25 Priority Needs - 91.215(a)(2)

Priority Needs

Table 48 – Priority Needs Summary

1	Priority Need Name	Affordable and Public Housing
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Victims of Domestic Violence Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Victims of Domestic Violence
	Geographic Areas Affected	Funds are not targeted geographically, but are available citywide
	Associated Goals	Improve accessibility of housing Support homeownership for LMI households Create and retain affordable housing

	Description	The affordable and public housing priority need will focus efforts towards renovations to existing affordable rental housing as well as the potential disposition and redevelopment of obsolete units. Funds could also be allocated to agencies that support improvements to existing single-family units through ADA accessibility enhancements such as bathroom renovations and wheelchair accessible ramps. CDBG funds will be restricted to existing affordable housing where the creation of new affordable housing is not eligible.
	Basis for Relative Priority	Affordable housing needs were given a high priority based on survey responses and consultation with various entities.
2	Priority Need Name	Non-Housing Community Development
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Victims of Domestic Violence Unaccompanied Youth Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Victims of Domestic Violence Non-housing Community Development
	Geographic Areas Affected	Funds are not targeted geographically, but are available citywide

	Associated Goals	Enhance mobility through public transit Enhance public infrastructure Improve public facilities Support mental health & childcare services
	Description	Non-housing community development needs were identified through a series of focus groups offered for the preparation of this Plan. Multiple concerns were raised over a lack of public transportation options and affordable child care. Public transportation options would be explored to allow more connectivity for low- moderate-income households to child care and places of employment. This priority need would also encompass the need for a low-barrier shelter as well as improvements to existing public facilities such as homeless, youth and domestic violence shelters. Infrastructure improvement activities such as curb and gutter, sidewalks and improved ADA accessibility, specifically in low- moderate-income areas would also be captured under this priority.
	Basis for Relative Priority	The 2024 Community Survey strongly influenced the need for additional public transportation options, affordable child care and increased emergency shelter options, specifically low-barrier in nature.
3	Priority Need Name	Homeless Housing and Services
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Victims of Domestic Violence Unaccompanied Youth
	Geographic Areas Affected	Funds are not targeted geographically, but are available citywide

	Associated Goals	Prevent and end homelessness
	Description	The homeless housing and services priority need will incorporate homelessness related service activities such as subsistence payments, security deposits and past due utilities, as well as the provision of emergency shelter spaces. The City of Bismarck continues to highly prioritize the need to prevent and end homelessness.
	Basis for Relative Priority	The City of Bismarck continues to highly prioritize the need to prevent and end homelessness as an identifiable issue by focus groups, associated agencies and stakeholders and various City departments and State offices.
4	Priority Need Name	Fair Housing and Non-Discriminatory Practices
	Priority Level	High
	Population	Extremely Low Low Moderate Large Families Families with Children Elderly Public Housing Residents Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Victims of Domestic Violence Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Victims of Domestic Violence
	Geographic Areas Affected	Funds are not targeted geographically, but are available citywide
	Associated Goals	Affirmatively furthering fair housing

	Description	Results of the 2024 Community Survey, as well as responses provided through focus groups, identified a need to prioritize fair housing practices where there is currently concerns of predatory and discriminatory rental housing practices.
	Basis for Relative Priority	This priority need has been identified as a high priority due to the need for fair housing practices in order to allow all individuals a right to suitable living environments.

Narrative (Optional)

The Strategic Plan identifies the City of Bismarck’s general priorities for activities and HUD-supported investments to address affordable and public housing; non-housing community development; homeless housing and services and fair housing and non-discriminatory practices. These general and relative priorities will help guide HUD-supported eligible activities in Bismarck for 2025 through 2029.

The City plans to utilize available resources, including CDBG funds, to address the priority needs established in this Plan. The priorities identified in this Strategic Plan focus on meeting housing and community development needs, specifically those of low-income households and neighborhoods.

SP-30 Influence of Market Conditions – 91.215 (b)

Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	The City does not fund TBRA directly; however, several subrecipients utilize CDBG funds to aid clients.
TBRA for Non-Homeless Special Needs	The City does not fund TBRA directly; however, several subrecipients utilize CDBG funds to aid clients.
New Unit Production	The City of Bismarck does not receive HOME funds for the creation of new units. There continues to be a disproportionate amount of affordable housing units being created compared to a larger amount of market rate residential units. Housing costs have continued to increase and the average home values are higher than other areas of the region. City staff has actively pursued other sources of funding in efforts to increase the affordable housing stock for low-moderate-income households.
Rehabilitation	The City of Bismarck has seen a growth in the need for housing, and an increase in demand for rental units. This combination calls for rehabilitation of existing units, both rental and homeowner, in order to preserve the existing affordable rental housing stock to meet the needs of households in the City. CDBG funds have previously and will continue to be made available to subrecipients where affordable housing units can be rehabilitated or reconfigured for purposes of serving additional individuals. The City of Bismarck has also implemented a Neighborhood Reinvestment Initiative (NRI) that offers reduced interest loans for home improvement properties where the home is at least 30 years old and valued at \$250,000 or less, with the goal of revitalizing the existing housing stock rather than reducing it.
Acquisition, including preservation	Requests for CDBG funds to support acquisition activities are considered when presented for purposes of a resulting use that benefits low- moderate-income individuals. As with rehabilitation projects, preservation opportunities could benefit from the NRI referenced above as well.

Table 49 – Influence of Market Conditions

SP-35 Anticipated Resources - 91.215(a)(4), 91.220(c)(1,2)

Introduction

This Plan will include the first Annual Action Plan of the City's 2025-2029 Consolidated Plan. The City of Bismarck continues to work through reducing its ratio of unexpended funds and at the time this Plan was prepared, applications were being solicited for the allocation of 2025 CDBG funds, with the expectation that funds would be awarded in or around September 2025. The City of Bismarck, ND expects to receive approximately \$350,000 in CDBG funding for the 2025 program year.

Funding selections have been made for the 2025 CDBG program year based on an expected \$350,000 allocation, with the understanding that activity allocations will be adjusted accordingly based on a higher or lower final award from HUD to the City of Bismarck. These allocations are reflected in the draft Annual Action Plan portion of this Consolidated Plan and will be revised for the final adopted version.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	350,000	0	0	350,000	1,400,000	

Table 50 - Anticipated Resources

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

If local matching funds are required, the City will use several different options. For instance, it can use its local sales tax revenue as match in economic development activities. The City of Bismarck approved a one-half cent sales tax for public safety and transportation in 2024 that will fund public transportation needs, including services for the elderly, disabled, and socio-economically challenged. In addition, tax increment financing and tax abatement are tools that the City may use as match or as a way to encourage development. The City also works with nonprofits, foundations, and financial institutions to try to develop additional resources, such as lower interest loans and grants.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City of Bismarck does not currently possess any publically owned land that would be used towards accomplishing the goals of this Plan.

Discussion

The City uses a variety of resources to address the needs of the City and its residents. Since the City of Bismarck does not receive HOME or ESG funds directly from HUD, service providers within the City are eligible to apply for these funds from the North Dakota Department of Commerce - Division of Community Services and the North Dakota Housing Finance Agency.

SP-40 Institutional Delivery Structure – 91.215(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
Bismarck	Government	Planning	Jurisdiction

Table 51 - Institutional Delivery Structure

Assess of Strengths and Gaps in the Institutional Delivery System

Key organizations that will facilitate the Strategic Plan objectives will internally include City Planning in Community Development, Bismarck-Burleigh Public Health, City Attorney’s Office and City Finance. Support from the North Dakota Continuum of Care will continue in addition to North Dakota Housing Finance Agency. Additionally, City staff will further consult with Burleigh County Housing Authority, the City's sole Public Housing Authority provider, as well as religious and faith-based institutions, non-profit service providers, education providers, health and medical representatives and local land developers for the life of the 2025-2029 Consolidated Plan.

Gaps in structure are typically due to insufficient staffing, a lack of institutional knowledge or lack of awareness of services and opportunities available. Agencies are encouraged to facilitate connectivity in order to rapidly and efficiently serve individuals where the highest needs currently exist.

Funded activities will primarily be administered by the City Planner/CDBG Program Administrator within the Planning Division of the City of Bismarck Community Development Department.

Availability of services targeted to homeless persons and persons with HIV and mainstream services

Homelessness Prevention Services	Available in the Community	Targeted to Homeless	Targeted to People with HIV
Homelessness Prevention Services			
Counseling/Advocacy	X	X	
Legal Assistance	X		
Mortgage Assistance	X		
Rental Assistance	X	X	
Utilities Assistance	X	X	
Street Outreach Services			
Law Enforcement	X		
Mobile Clinics			
Other Street Outreach Services		X	
Supportive Services			
Alcohol & Drug Abuse	X		

Child Care	X	X	
Education	X		
Employment and Employment Training	X	X	
Healthcare	X	X	
HIV/AIDS	X		
Life Skills	X		
Mental Health Counseling	X	X	
Transportation	X		
Other			
Urgent Food Needs	X	X	

Table 52 - Homeless Prevention Services Summary

Describe how the service delivery system including, but not limited to, the services listed above meet the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth)

The City of Bismarck utilizes a Homeless Access Points method which identifies a number of agencies that will perform intake services for entry into emergency shelter or program placement. Emergency shelter agencies currently include Abused Adult Resource Center for victims of domestic violence, assault and trafficking; Youthworks for unaccompanied minors ages 12-17; and Missouri Slope Areawide United Way which is a high barrier emergency shelter for overnight accommodations. Where an individual cannot be admitted due to being under the influence of drugs and/or alcohol, a referral is made to Ministry on the Margins as a safe space out of the elements for comfort purposes. Persons experiencing homelessness, specifically Veteran families, may receive assistance with food, securing permanent housing with rent and security deposits and other basic needs through Community Action Program, Native Inc. which also provides transportation, tribal resources and other culturally specific services, and Salvation Army which also serves as an intake point for those experiencing homelessness.

Bismarck-Burleigh Public Health (BBPH) offers services for individuals with HIV/AIDS through the Ryan White Program which federally funds services to assist HIV/AIDS positive individuals with case management, AIDS drug assistance, outpatient medical and emergency assistance, transportation for medical services, health insurance premium assistance, dental and vision care and mental health and support services. This program is available to residents of North Dakota who have a positive HIV diagnosis and meet the required income threshold guidelines. One BBPH Registered Nurse is assigned as the program case manager for intake and application reviews.

Bismarck Public Schools has facilitated their Students in Transition program since 2006 for the assurance that students in the public schools system have equal access to an education regardless of their housing status. A number of services are made available to students who may be experiencing instability in housing including school supplies, free breakfast and lunch, transportation, athletic equipment and other extracurricular and school related fees. Organization is conducted between the Students in Transition Coordinator and families in need.

At the State level, the North Dakota Continuum of Care Coordinated Access, Referral, Entry and Stabilization System (CARES) provides individuals experiencing, or at risk of, homelessness an opportunity for intervention as quickly as possible. CARES standardizes access and assessment and coordinates referrals across its jurisdiction. This creates a level of consistency across agencies and streamlines intake for improved efficiency and successful end results.

City staff continues to actively participate in the Missouri Valley Coalition for Homeless People as an opportunity to further improve collaboration between agencies and share available resources.

Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above

The City of Bismarck sees measurable success annually where a number of homeless or near homeless individuals receive services through the methods listed above. Many agencies have been able to increase their available resources and refine the delivery of activities through enhanced partnerships between agencies, continued education and innovative improvements to procedural operations of programs, however, there continues to be a high rate of turnover of non-profit employed individuals due to an overwhelming amount of need.

While there are numerous service providers in Bismarck that offer various services in the community, a large hurdle has been identified in the absence of an emergency, 24/7 low-barrier shelter. Currently, individuals experiencing chronic homelessness who may also be under the influence of drugs or alcohol, only receive shelter in the form of an overnight coffee house that is not adequately equipped to provide full emergency shelter services. However, BBPH has been recently appointed the task of creating a stakeholders group to begin the process of planning efforts for the creation of a community triage center. This will be a collaboration between community advocates, the Bismarck Police Department, and additional partners and participants. This facility could potentially function as an emergency low-barrier shelter, detox facility and a central location for critical connections to social services.

Additional gaps and concerns illustrated during focus groups for the creation of this Plan include:

- A lack of daytime programming
- Minimal transportation services between supporting agencies
- Limited funding
- Staff retention and loss of institutional knowledge

- Predatory housing practices
- Minimal affordable housing options
- No post-hospital medical respite for chronically homeless people
- Lack of quality and affordable childcare services

Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs

Strategies identified to resolve the above-mentioned gaps and concerns were collected from participants of the Housing and Homeless Forum focus groups. Many systems and tactics suggested included enhanced coordination between agencies, heightened administrative support at local, state and federal levels, policy flexibility through legislation, public education and private-public partnerships. Gaining support from elected officials and prioritizing funding for the needs identified above is conducted through plans such as the BBPH Community Health Needs Assessment, Bismarck's Together 2045 Comprehensive Plan and the CDBG Consolidated Plan and subsequent Annual Action Plans. Facilitating discussions and providing information on funding, input and educational opportunities will create favorable chances for successful implementation of needed projects and services.

SP-45 Goals Summary – 91.215(a)(4)

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Create and retain affordable housing	2025	2029	Affordable Housing Public Housing	Citywide	Affordable and Public Housing	CDBG: \$325,000	Rental units rehabilitated: 10 Household Housing Unit Buildings Demolished: 2 Buildings
2	Enhance mobility through public transit	2025	2029	Non-Housing Community Development	Citywide	Non-Housing Community Development	CDBG: \$125,000	Public service activities for Low/Moderate Income Housing Benefit: 100 Households Assisted
3	Prevent and end homelessness	2025	2029	Homeless	Citywide	Homeless Housing and Services	CDBG: \$300,000	Public service activities for Low/Moderate Income Housing Benefit: 60 Households Assisted Homeless Person Overnight Shelter: 100 Persons Assisted Homelessness Prevention: 50 Persons Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
4	Improve public facilities	2025	2029	Non-Housing Community Development	Citywide	Non-Housing Community Development	CDBG: \$200,000	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 150 Households Assisted Homeless Person Overnight Shelter: 150 Persons Assisted
5	Support homeownership for LMI households	2025	2029	Affordable Housing	Citywide	Affordable and Public Housing	CDBG: \$100,000	Homeowner Housing Rehabilitated: 20 Household Housing Unit
6	Enhance public infrastructure	2025	2029	Non-Housing Community Development	Citywide	Non-Housing Community Development	CDBG: \$100,000	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 300 Households Assisted
7	Improve accessibility of housing	2025	2029	Affordable Housing Public Housing	Citywide	Affordable and Public Housing	CDBG: \$100,000	Homelessness Prevention: 500 Persons Assisted
8	Administer program efficiently and transparently	2025	2029	Planning and Administration	Citywide		CDBG: \$375,000	
9	Support mental health & childcare services	2025	2029	Non-Housing Community Development	Citywide	Non-Housing Community Development	CDBG: \$125,000	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 500 Households Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
10	Affirmatively furthering fair housing	2025	2029	Fair Housing and Non-Discrimination Activities	Citywide	Fair Housing and Non-Discriminatory Practices	CDBG: \$100,000	Public service activities for Low/Moderate Income Housing Benefit: 100 Households Assisted

Table 53 – Goals Summary

Goal Descriptions

1	Goal Name	Create and retain affordable housing
	Goal Description	The City of Bismarck will identify opportunities to support affordable housing, including public housing and special needs housing, through acquisition, disposition and demolition for the development of new units, or through the allocation of funds for renovations and improvements to existing units. Staff anticipates the ability to improve up to 10 existing units and has accounted for the potential demolition of two existing single-family public housing units.
2	Goal Name	Enhance mobility through public transit
	Goal Description	Public transportation services for low- moderate-income individuals would be prioritized under this goal including new and existing methods of public transportation, availability and accessibility.
3	Goal Name	Prevent and end homelessness
	Goal Description	Eligible activities would include support to agencies and facilities that provide services to prevent or end homelessness, such as subsistence payments and emergency shelters, for low- moderate-income individuals and households.
4	Goal Name	Improve public facilities
	Goal Description	Public facilities to be supported with CDBG funds would include those that serve special populations such as elderly, disabled, victims of domestic violence, homeless or at-risk of homeless individuals and at-risk youth.

5	Goal Name	Support homeownership for LMI households
	Goal Description	The City will promote homeownership for LMI households by allocating funds to agencies that offer methods of improving accessibility in single-family homes such as ADA accessible bathrooms and ramps.
6	Goal Name	Enhance public infrastructure
	Goal Description	CDBG funds would be used to improve public infrastructure such as parks, curb, gutter and sidewalks, utility connections, ADA accessibility and general connectivity in low- moderate-income areas.
7	Goal Name	Improve accessibility of housing
	Goal Description	The City will allocate funding that would bolster housing accessibility.
8	Goal Name	Administer program efficiently and transparently
	Goal Description	The City will conduct the planning and administration of the HUD program and ensure that administrative funding is expended in a fair, open, and timely manner.
9	Goal Name	Support mental health & childcare services
	Goal Description	Projects would include those that benefit mental health such as a low-barrier shelter and/or triage facility, as well as child care facilities for low- moderate-income neighborhoods and households
10	Goal Name	Affirmatively furthering fair housing
	Goal Description	The City will allocate funding that would promote prevention of housing discrimination and support fair housing related activities.

Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)

While the City of Bismarck supports affordable housing within the community, it is not expected to provide affordable housing as defined by HOME 91.315(b)(2) over the course of this 2025-2029 Consolidated Plan.

SP-50 Public Housing Accessibility and Involvement – 91.215(c)

Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)

The City of Bismarck does not currently have a Section 504 Voluntary Compliance Agreement. The local public housing authority (Burleigh County Housing Authority/BCHA) is not designated as 'troubled'. BCHA makes determinations related to accessibility needs in accordance with their administrative plans, current availability and future needs. The City does not anticipate the use of HOME funds for the creation of units in the immediate future, but does continue to explore opportunities to increase affordable housing stock through consult with BCHA and other funding sources where available. BCHA recently began accessibility improvements and modernization of 20 units in their Washington Court property with completion expected in June 2025. BCHA's 5-year PHA Plan identifies an intent to utilize capital funds where available for facility improvements, including accessibility improvements in homes to maintain compliance with local and HUD requirements.

Activities to Increase Resident Involvements

Public housing residents have maintained advocacy through their Resident Advisory Councils. These advisory groups meet monthly and the Housing Authority Board meets with the council at least once a year. BCHA will continue these activities in an effort to promote resident involvement.

Additionally, BCHA coordinates a number of volunteer opportunities and tenant engagement activities to promote community connectivity, awareness and support.

Is the public housing agency designated as troubled under 24 CFR part 902?

No

Plan to remove the 'troubled' designation

While BCHA has not been designated as a troubled public housing authority, a recovery plan has been proposed to recover its public housing authority score to better ensure long-term sustainability.

SP-55 Barriers to affordable housing – 91.215(h)

Barriers to Affordable Housing

The City of Bismarck administratively governs ordinances that regulate parking ordinances, rights-of-way and roadway widths in residential neighborhoods. These ordinances are intended to allow more developable space for housing and in turn potentially lessen the input costs for development. The City of Bismarck also implements its comprehensive plan, Together 2045, which includes a chapter dedicated to housing and guidance on future land uses by area. The impacts of public policy, such as zoning and subdivision regulations, are monitored for their impact on housing affordability. The City currently does not have a policy on the minimum requirements related to providing affordable housing with new developments.

The City of Bismarck has initiated a re-write of its zoning ordinance (Title 14 of the Code of Ordinances) for the creation of a Land Development Code (LDC). This will allow for a better alignment of the zoning and regulations that guide the growth of the City and increased flexibility during development.

City staff has also received guidance from North Dakota Housing Finance Agency on the value of a Concerted Community Plan and has confirmed through its partnership with North Dakota Housing Finance Agency that content of the Together 2045 Consolidated Plan, specifically, the Community Opportunity and Revitalization Effort (CORE) element, meets the requirements of a Concerted Community Plan. The CORE element defines areas of Bismarck that contain sites with significant potential for revitalization. Certain CORE areas, especially in the downtown, began this process many years ago but still have room for additional investment. The area is determined based on a redevelopment index, using variables such as property values, age of structures, and excess parking availability. The designation of CORE areas signals an openness to change. All infill and redevelopment should be sensitive to the surrounding context, and new development within these areas should contribute to an overall renewal of the neighborhood or district. The CORE areas are ideal locations for the use of development-based investments that may be available from federal, state, or local sources. Any needed amendments to the Together 2045 Consolidated Plan would be completed as needed to continue to bolster affordable housing projects, specifically those seeking Low Income Housing Tax Credit (LIHTC) funding.

Strategy to Remove or Ameliorate the Barriers to Affordable Housing

The City has continued its partnerships with local nonprofits and private developers to promote affordable housing and explore alternative methods to further benefit current and future affordable housing units.

A number of strategies were explored and identified through the focus groups, housing forum, community survey and overall input as part of the creation of this Consolidated Plan. Potential approaches included:

- Increased public involvement: Additional methods would be explored to increase public input and involvement in decision making such as seeking input from diverse stakeholder groups and collaborating with elected officials and committees or commissions

- Creating groups or local boards: An evaluation could be conducted for the creation of new groups or boards locally that would act as liaisons to promote advocacy of affordable housing goals and objectives as well as further examination of hinderances to the creation of new affordable housing and coordinated efforts.

- Involvement of local government - Direction from local government to examine unnecessary fees, identify accountability opportunities for City and State leaders, and consideration of currently absent housing types such as tiny homes were all spoken as potential solutions to affordable housing obstacles.

- Cost-benefit analysis - An analysis of housing costs in the community would help identify the economic benefits of additional affordable housing options over a continued lack of it.

- Education - There is an apparent need for increased public awareness and education to enhance openness of additional affordable housing in existing neighborhoods where there seems to be an unwillingness for the acceptance of certain housing types. Continuing education with local property developers and the provision of technical assistance to small developers could prove beneficial for more modest housing buildouts.

- Legislation - Lobbying for new legislation related to cost control, land use policies, heightened funding coordination, and regulatory barriers that do not impact the health, safety, or general welfare of the community could allow builders and developers to have more options for the addition of affordable housing to the current inventory.

The City of Bismarck continues to support the intent of the Fair Housing Act, and the prohibition of any person from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, national origin, handicap, or familial status.

SP-60 Homelessness Strategy – 91.215(d)

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The City of Bismarck prioritizes funds to homeless service providers where assistance can be given to individuals needing to prevent homelessness with subsistence payments for past due rent, or to secure permanent, stable housing with security deposit and rent assistance. The State of North Dakota Continuum of Care utilizes the Homeless Management Information System (HMIS) to store characteristic data for the initiation of services to homeless or at risk of homelessness individuals. Various City departments and divisions, in partnership with associated agencies and interested parties, intent to continue with the practice of conducting two counts of homeless persons annually. The Point In Time (PIT) count, administered in January of each year, and the Homeless Inventory Count (HIC), administered in July of each year, aim to capture the total number of individuals chronically homeless, with no shelter, as well as measure the City's capacity in number to provide beds and shelter through a tabulation of available emergency, safe haven, transitional, permanent supportive, rapid re-housing and other permanent units. These counts are used when factoring current needs and act as a measuring tool based on increases from prior years for the determination of creating additional shelter beds.

Multiple non-profit agencies locally act as proponents for the betterment of homeless housing needs, both temporary and permanent, and advocate for improved policies and practices by participating as stakeholders, volunteers, crisis response units, and rapid response services where emergency shelter is the most urgent need for certain individuals. Content is derived from documentation at the time of intake to drive decisions on the need for funding, expanded facilities and increased support staff. Integrated systems for the coordination of records and data has been suggested through this Plan's focus groups as a method of better tracking homeless individuals and their needs.

Addressing the emergency and transitional housing needs of homeless persons

Additional emergency shelter space, specifically a low-barrier shelter facility, continues to be an unfulfilled goal of the City of Bismarck. Efforts to secure a medical detox facility, in conjunction with a low-barrier shelter, are actively being pursued, and the Bismarck Board of City Commissioners, in August 2024, authorized Bismarck-Burleigh Public Health to coordinate stakeholder discussions to begin the first stages of securing a triage facility. This facility would serve as a combination of medical and social services with the intention of rehabilitation and assisted transition into stable housing. To support this activity, City staff will be monitoring funding opportunities and potential qualifying locations in line with City zoning and building codes.

Multiple opportunities are offered annually to interested parties including non-profit agencies, elected officials, department and division leaders and the general public to help implement goals and prioritize objectives in various plans, including the 2025-2029 Consolidated Plan.

Housing and Homelessness Forum participants indicated a need not only for a low-barrier shelter, but also improved safety, enhanced accommodations and a considerable need for transportation services through the existing emergency shelter facilities. Funding opportunities have been identified as very competitive creating a barrier between existing facilities and potential improvements to them. Where currently crisis reaction rather than prevention is prioritized, a need for response stabilization could be considered.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.

The transition from homelessness, to temporary shelter, to permanent, stable housing begins at the time of intake to services. The State of North Dakota has seen much success in its Housing First model which practices housing as the top priority for individuals exiting homelessness. In Bismarck, this model is exemplified by Edwinton Place, a 40-unit residential facility of 1-bedroom, 1-bathroom apartments operated by Burleigh County Housing Authority, where chronically homeless people can receive recovery-oriented care and services with the intention of rapidly securing permanent housing, followed by ongoing support services as needed.

Additionally, the City of Bismarck has reviewed discharge policies of at-risk youth shelters, correctional/transitional facilities, health-medical providers, addiction treatment centers and the State of North Dakota (discharge from foster care policy) to ensure those most at risk of relapsing into homelessness have their transition planned from the time of intake and observed upon discharge.

A continued dedication to funding emergency rental assistance, combined with oversight of discharge and rapid re-housing practices, will support the City's efforts to reduce the time any at-risk individual or household experiences homelessness, reduce the chance of individuals returning to homelessness, and overall, help prevent or reduce the rate of homelessness throughout the community.

Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being

discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs

Coordinated effort is made between agencies, the State of North Dakota CoC and through various local plans to both reduce or end homelessness and prevent individuals from returning to homelessness. Prior year Consolidated Plans and Annual Action Plans have prioritized funds into activities that promote preventing and ending homelessness in the form of subsistence payments, capital improvements for facilities that house at-risk people such as those experiencing mental health and substance abuse issues, domestic violence shelters, emergency shelters and shelters for at-risk youth. It is the intent of the 2025-2029 Consolidated Plan to continue the prioritization of these objectives.

As mentioned previously, a number of discharge policies have been reviewed to ensure transitions into permanent housing are coordinated while individuals are receiving services and independent living is monitored to avoid a return to homelessness. City staff intends to continue homelessness outreach opportunities through point in time and housing inventory counts, initiatives via participation with the Missouri Valley Coalition for Homeless People and the promotion of connections to social services between agencies. At a State level, discharge from health-medical facilities and foster care are governed by North Dakota Century Code to establish coordinated entry into permanent, stable housing.

Additionally, a review of the success of prior years' activities will be used as a measuring tool to determine best practices and the most ideal utilization of funds for the prevention of homelessness. It is the intent for a new plan to end homelessness to be completed in partnership with the Missouri Valley Coalition for Homeless People to supplement these determinations annually and for the life of the 2025-2029 Consolidated Plan.

Other concepts for the prevention of homeless, especially for those in low-income households, have included more support for landlords and property management companies, such as programs that incentivize landlords for housing at-risk individuals. This could function as a 'blue ribbon' program for landlords who are accommodating to those with criminal backgrounds, low or no credit scores and insufficient or unsatisfactory rental history. Another model used as an example of employer support, called the Cloverdale Model, emphasized the success of Cloverdale Foods employees who receive transportation by their employer to and from work. This has allowed a number of employees to keep their employment, even where personal transportation methods are unavailable.

SP-65 Lead based paint Hazards – 91.215(i)

Actions to address LBP hazards and increase access to housing without LBP hazards

City staff encourages subrecipients to utilize the library of training tools made available by the North Dakota Department of Environmental Quality. This department also makes lead based paint testing materials available and promotes awareness related to the dangers of lead based paint.

While requests for funds for lead based paint mitigation activities have not historically been common, Community Development would consider these requests on a case by case basis, specifically where there is an opportunity to increase access to housing units free of lead based paint and the presence of children.

Regardless of the activity type, subrecipients are encouraged to regularly test for lead based paint and the tools mentioned above are made available, in addition to technical assistance and the provision of lead based paint disclosure materials as needed. Test results and documentation of disclosures are requested to support the funded activity.

Additionally, the City of Bismarck launched its Neighborhood Reinvestment Initiative for those properties at least 30 years old, valued at \$250,000 or less, in addition to other factors, which qualifies lead based paint abatement for a reduced-interest loan. The program aims to revitalize potentially disinvested areas and reinvestments in Bismarck's existing housing stock.

How are the actions listed above related to the extent of lead poisoning and hazards?

Approximately 44% of Bismarck's housing structures were built prior to 1980, indicating a number of households having a potential risk of lead-based paint exposure. It is the hope that education and mitigation would result in reduced exposure and increased accessibility to these units, especially those households with young children.

How are the actions listed above integrated into housing policies and procedures?

All rehabilitation projects funded through HUD programs must comply with lead-based paint regulations. The City of Bismarck provides information on the lead-based paint requirements for each project, as well as providing information to local contractors.

SP-70 Anti-Poverty Strategy – 91.215(j)

Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families

The City of Bismarck has identified a number of opportunities that would support efforts to reduce the number of poverty-level families including new federal grant funds through HUD, State HOME funds through North Dakota Housing Finance Agency and locally by supporting anti-poverty activities with CDBG funds and economic development.

A number of new businesses have joined the community in recent years and this is expected to continue in the future. Community Development promotes economic development through its Together 2045 Comprehensive Plan with the following intentions:

- Cooperate with the Bismarck Mandan Chamber-EDC regarding land use and development needs of primary sector employers to assist with business retention and expansion;
- Expand and develop the community's skilled workforce through targeted recruitment and training programs;
- Assist with recruitment of industries to Bismarck based on our region's comparative strengths and diversification of the City's economic base;
- Provide financial investments and other incentives to revitalize older and potentially disinvested areas of the city, identified as CORE areas on the Growth Phasing Plan;
- Present an openness to public-private partnerships that are transparent and clearly further goals of this plan and the public interest generally; and
- Support spaces and programs that nurture entrepreneurship and innovation through building social networks and sharing of resources.

The City continues to employ its Vision Fund program that provides assistance to business that desire to expand in or locate to the Bismarck region. These funds may be used to provide temporary or permanent financing of any cost related to the relocation and/or establishment of a new business within the Region or the expansion of an existing business into new products, services or markets. The purpose of this program is to encourage and assist in the development of employment within the region by creating new jobs; expanding the regional tax base; increasing capital investment; improving the entrepreneurial climate of the region; and generally expanding the financial base of the region.

Additionally, homeownership is encouraged by North Dakota Housing Finance Agency which continues to provide State HOME funds that provide costs associated with buying a home to low-income households. Programs that offer financial assistance for major home repairs and accessibility upgrades

are supported with CDBG funds to promote low-income households to remain independent in their current residence.

Gainful employment is furthered for individuals experiencing disabilities through agencies such as HIT, Inc. and PRIDE which coordinate job training, skill building, shadowing, day services and reception of referrals from North Dakota Division of Vocational Rehabilitation. Federal Section 3 requirements are monitored on CDBG funded activities to ensure contracting opportunities are made available to low-income businesses and their employees.

Community Development staff monitors for new funding opportunities, both locally and federally, that would enhance the current affordable housing stock and allow low-income households to focus on financial stability by eliminating unnecessary cost burden and implementing cost effective housing options.

How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan

CDBG funding opportunities are announced publicly and considered by a diverse Community Advisory Council. This allows for a variety of departmental and divisional knowledge to be shared related to agency needs, current and future planning opportunities, inter-agency collaborations and a logical determination of the best utilization of available funds. Public participation is encouraged for the involvement of those most impacted by the strategies and needs identified and for successful implementation of desired goals and objectives related to anti-poverty projects.

SP-80 Monitoring – 91.230

Describe the standards and procedures that the jurisdiction will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

Applications from agencies requesting CDBG funds during solicitations must have activities identified that align with the Consolidated Plan goals and objectives. Consistency with the Consolidated Plan is evaluated during the selection of subrecipients by the Community Advisory Council. All businesses are given equal opportunity in competitive bidding and requests for proposals. Staff monitors the administration of CDBG funds and associated activities throughout a schedule coordinated with the City Finance Department with on-site visits, requests for progress reports and periodic informal discussions with CDBG project managers. Subrecipients are encouraged to contact staff in the event technical assistance is needed, staff appointed to CDBG projects changes, or guidance and education is needed related to program regulations and requirements. Program success is evaluated as part of annual Consolidated Annual Performance Evaluation Reports (CAPERs) which may also be used as a tool when program adjustments are needed. Progress and beneficiary reports are also a source of information for the CAPER and capital assets gained through the allocation of CDBG funds are inventoried and documented bi-annually to ensure compliance and satisfaction of the intent of the Consolidated Plan.

Expected Resources

AP-15 Expected Resources – 91.220(c)(1,2)

Introduction

This Plan will include the first Annual Action Plan of the City's 2025-2029 Consolidated Plan. The City of Bismarck continues to work through reducing its ratio of unexpended funds and at the time this Plan was prepared, applications were being solicited for the allocation of 2025 CDBG funds, with the expectation that funds would be awarded in or around September 2025.

A final award of \$389,942 was issued to the City of Bismarck on May 14, 2025, and the additional funds received were distributed evenly to previously underfunded activities, and in line with the 20% Administration and 15% Service funding caps.

Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Remainder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	350,000.00	0.00	0.00	350,000.00	1,400,000.00	

Table 54 - Expected Resources – Priority Table

Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied

If local matching funds are required, the City will use several different options. For instance, it can use its local sales tax revenue as match in economic development activities. The City of Bismarck approved a one-half cent sales tax for public safety and transportation in 2024 that will fund public transportation needs, including services for the elderly, disabled, and socio-economically challenged. In addition, tax increment financing and tax abatement are tools that the City may use as match or as a way to encourage development. The City also works with nonprofits, foundations, and financial institutions to try to develop additional resources, such as lower interest loans and grants.

If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan

The City of Bismarck does not currently possess any publicly-owned land that would be used towards accomplishing the goals of this Plan.

Discussion

The City uses a variety of resources to address the needs of the City and its residents. Since the City of Bismarck does not receive HOME or ESG funds directly from HUD, service providers within the City are eligible to apply for these funds from the North Dakota Department of Commerce - Division of Community Services and the North Dakota Housing Finance Agency.

Annual Goals and Objectives

AP-20 Annual Goals and Objectives

Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
3	Prevent and end homelessness	2025	2029	Homeless		Homeless Housing and Services	CDBG: \$25,000.00	Public service activities for Low/Moderate Income Housing Benefit: 25 Households Assisted
7	Improve accessibility of housing	2025	2029	Affordable Housing Public Housing			CDBG: \$161,000.00	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 20 Households Assisted
11	Administer program efficiently and transparently	2025	2029	Planning and Administration	Citywide		CDBG: \$70,000.00	
12	Improve public facilities	2025	2029	Non-Housing Community Development	Citywide	Non-Housing Community Development	CDBG: \$77,000.00	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 3000 Persons Assisted
13	Support mental health & childcare services	2025	2029	Non-Housing Community Development	Citywide	Homeless Housing and Services	CDBG: \$8,500.00	Public service activities other than Low/Moderate Income Housing Benefit: 195 Persons Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
14	Enhance mobility through public transit	2025	2029	Non-Housing Community Development	Citywide	Homeless Housing and Services	CDBG: \$8,500.00	Public service activities other than Low/Moderate Income Housing Benefit: 100 Persons Assisted

Table 55 – Goals Summary

Goal Descriptions

3	Goal Name	Prevent and end homelessness
	Goal Description	Aid, Inc. will continue to receive CDBG funds in the 2025 program year to support emergency rent in the form of new rent and security deposits, as well as past due rent to prevent eviction, and assistance with past due tenant utility bills.
7	Goal Name	Improve accessibility of housing
	Goal Description	Funds allocated to Ministry on the Margins will be utilized towards the acquisition of an existing multi-family property to function as 20 efficiency and one-bedroom affordable housing units.
11	Goal Name	Administer program efficiently and transparently
	Goal Description	Planning and administration of the CDBG program.
12	Goal Name	Improve public facilities
	Goal Description	CDBG funds allocated to Burleigh County Council on Aging will assist facility improvements at their Burleigh County Senior Adults Program site including freezer and refrigeration units to support their expanding meal programs. The senior adults population continues to increase in the community resulting in higher demand for 65+ services, included pre-made meal deliveries and nutritional programs. These additions will better equip the agency to provide a 4-5% increase in services, or approximately 167,476 meals community-wide.

13	Goal Name	Support mental health & childcare services
	Goal Description	UspireND has been selected as a 2025 CDBG subrecipient for the operation of their Healthy Families program. This low-moderate-income household focused program provides its clients with an opportunity to receive in-home services related to healthy parenting, substance abuse services, social services and the promotion of overall social and personal well-being.
14	Goal Name	Enhance mobility through public transit
	Goal Description	Bismarck Public Schools operates a Students in Transition program which supports students who may be experiencing instability due to changes in living situations or homelessness. This program ensures those students continue to have equal access to their public education despite these circumstances by providing a transportation system that can help prevent excessive absences and reduced education opportunities.

Projects

AP-35 Projects – 91.220(d)

Introduction

All local and state governments that receive direct assistance from any of four major HUD programs—Community Development Block Grant (CDBG), HOME, Emergency Shelter Grant (ESG), or Housing Opportunities for Persons with AIDS (HOPWA)—are required to develop and implement a five-year Consolidated Plan. This effort incorporates strategic planning and citizen involvement to develop more effective programs and prioritize the use of HUD funds. A grantee must also submit an annual action plan and grant application that describes the activities that will be undertaken in a particular year to implement the overall Plan. The Annual Action Plan also provides a basis for assessing performance. The City expects to receive approximately \$350,000 in CDBG funds for the 2025 program year.

The City of Bismarck receives direct funding from HUD in only one of the covered programs--CDBG. Accordingly, its annual action plan contains only a CDBG application and required data that is relevant to the Consolidated Plan. The 2025 Annual Action plan is the first year in the City's five-year Consolidated Plan. It must be noted that the CDBG funds may be used only for activities that primarily benefit low and moderate-income (LMI) persons, eliminate conditions of slum and blight, or address an urgent community need. The three main objectives of CDBG program are to provide decent housing, create sustainable living environments, and develop economic opportunity.

Projects

#	Project Name
1	Burleigh County Council on Aging - Freezer Equipment
2	Aid, Inc. Emergency Assistance
3	Ministry on the Margins Affordable Housing Acquisition
4	Program Administration
5	USpireND Healthy Families Program
6	BPS Students in Transition
7	Contingency Projects

Table 56 – Project Information

Describe the reasons for allocation priorities and any obstacles to addressing underserved needs

The designated projects all meet Priority Needs outlined in this Plan. The Priority Needs identified in this Plan include affordable rental housing and services, special needs housing, improved access to public services, affordable owner-occupied housing, improved public facilities, public improvement/infrastructure. The selected projects meet the needs of this Plan through a variety of

means. Projects were selected based on the ability to meet needs of LMI households in the City of Bismarck and the capacity of each entity to fulfill their objectives. The City has allocated \$70,000, or 20%, for administration.

2025 allocations were prioritized based on a large amount of input focused on the need for additional affordable housing and the most current needs surrounding keeping existing housing and preventing homelessness.

Input received related to obstacles to addressing underserved needs identified in a recent forum include consistent staffing across agencies and the potential loss of institutional knowledge when implementing projects and activities, the availability of affordable and adequate or safe housing for difficult to house individuals such as felons, sex offenders and chronically homeless or unemployed, and a lack of funding across agencies due to a higher than normal volume of demand. City staff continues to collaborate with agencies and other governmental entities to help with the prioritization of goals and objectives and to ensure funds being committed are to serve the highest need.

AP-38 Project Summary
Project Summary Information

1	Project Name	Burleigh County Council on Aging - Freezer Equipment
	Target Area	
	Goals Supported	Improve public facilities
	Needs Addressed	Non-Housing Community Development
	Funding	CDBG: \$77,000.00
	Description	Blast Freezer & 2 HDM Refrigeration Units - Additional fridge and freezer components would support pre-made meal programs.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	Approximately 3000 senior adults.
	Location Description	Burleigh County Senior Adults Program - 315 North 20th Street, Bismarck, ND.
	Planned Activities	Addition of blast freezer & 2 HDM refrigeration units to support pre-made meal programs.
2	Project Name	Aid, Inc. Emergency Assistance
	Target Area	Citywide
	Goals Supported	Prevent and end homelessness
	Needs Addressed	Homeless Housing and Services
	Funding	CDBG: \$25,000.00
	Description	New rent and security deposits, as well as past due rent to prevent eviction, and assistance with past due tenant utility bills
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	Approximately 25 low- moderate-income households would benefit.
	Location Description	Services will be available city-wide for Bismarck properties.
	Planned Activities	Aid, Inc. will continue to receive CDBG funds in the 2025 program year to support emergency rent in the form of new rent and security deposits, as well as past due rent to prevent eviction, and assistance with past due tenant utility bills.
	Project Name	Ministry on the Margins Affordable Housing Acquisition

3	Target Area	Citywide
	Goals Supported	Improve accessibility of housing
	Needs Addressed	Affordable and Public Housing
	Funding	CDBG: \$161,000.00
	Description	Funds allocated to Ministry on the Margins will be utilized towards the acquisition of an existing multi-family property to function as 20 efficiency and one-bedroom affordable housing units.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	20 households would receive access to affordable housing units in the form of efficiency and one-bedroom apartments.
	Location Description	715 East Interstate Avenue, Bismarck, ND.
	Planned Activities	Acquisition of an existing multi-family property to serve as 20 affordable housing units.
4	Project Name	Program Administration
	Target Area	
	Goals Supported	
	Needs Addressed	
	Funding	CDBG: \$70,000.00
	Description	Planning and administration of the CDBG program.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	
	Location Description	
	Planned Activities	Planning and administration of the CDBG program.
5	Project Name	USpireND Healthy Families Program
	Target Area	Citywide
	Goals Supported	Support mental health & childcare services
	Needs Addressed	Homeless Housing and Services
	Funding	CDBG: \$8,500.00

	Description	UspireND has been selected as a 2025 CDBG subrecipient for the operation of their Healthy Families program. This low- moderate-income household focused program provides its clients with an opportunity to receive in-home services related to healthy parenting, substance abuse services, social services and the promotion of overall social and personal well-being.
	Target Date	
	Estimate the number and type of families that will benefit from the proposed activities	195 low- moderate-income individuals could receive services as part of this activity.
	Location Description	City-wide to Bismarck residents.
	Planned Activities	Payroll costs associated with the operation of the Healthy Families program.
6	Project Name	BPS Students in Transition
	Target Area	Citywide
	Goals Supported	Enhance mobility through public transit
	Needs Addressed	Homeless Housing and Services
	Funding	CDBG: \$8,500.00
	Description	Bismarck Public Schools operates a Students in Transition program which supports students who may be experiencing instability due to changes in living situations or homelessness. This program ensures those students continue to have equal access to their public education despite these circumstances by providing a transportation system that can help prevent excessive absences and reduced education opportunities.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	75-100 students are expected to benefit from this activity.
	Location Description	Services will be available city-wide to BPS enrolled students.
	Planned Activities	Operating expenses associated with Students in Transition transportation program.
	Project Name	Contingency Projects

7	Target Area	
	Goals Supported	
	Needs Addressed	
	Funding	:
	Description	Contingency projects will be considered on a case-by-case basis in the event CDBG funds are canceled from other activities. Contingency plans include, but are not limited to, services for the planning of City facilities related to triage for mental health and substance abuse resources, as well as improvements to parks, green space, ADA compliance and general improvements to public areas. These projects would be allocated and implemented in line with CDBG funding restrictions for construction and service activities, limited to a 15% cap.
	Target Date	5/31/2026
	Estimate the number and type of families that will benefit from the proposed activities	Beneficiaries of activities would be documented based on the project selected.
	Location Description	LMI activities would benefit residents city-wide. LMA activities would be defined by boundaries in locations where at least 51% of the population is LMI.
Planned Activities	Planned activities will vary based on available funding.	

AP-50 Geographic Distribution – 91.220(f)

Description of the geographic areas of the entitlement (including areas of low-income and minority concentration) where assistance will be directed

CDBG projects will serve residents within the City of Bismarck. Diversity continues to increase throughout the Bismarck population and while exclusively low-income and minority concentration areas have not been identified, the allocation of funds for contingency projects would be focused into low-moderate-income areas.

Geographic Distribution

Target Area	Percentage of Funds
Citywide	100

Table 57 - Geographic Distribution

Rationale for the priorities for allocating investments geographically

Not applicable. There are no areas within Bismarck designated as priority, CDFI area, local target area or strategy area.

Discussion

No further discussion is needed at this time.

Affordable Housing

AP-55 Affordable Housing – 91.220(g)

Introduction

While the City of Bismarck supports affordable housing within the community, no affordable housing as defined by HOME 91.315(b)(2) will be directly provided during the 2025 program year. The City of Bismarck is not currently administering HOME funds, however, a portion of the 2025 CDBG funds will be used to support the acquisition of an existing multi-family property to be transitioned into 20 affordable housing units.

One Year Goals for the Number of Households to be Supported	
Homeless	0
Non-Homeless	0
Special-Needs	0
Total	0

Table 58 - One Year Goals for Affordable Housing by Support Requirement

One Year Goals for the Number of Households Supported Through	
Rental Assistance	0
The Production of New Units	0
Rehab of Existing Units	0
Acquisition of Existing Units	0
Total	0

Table 59 - One Year Goals for Affordable Housing by Support Type

Discussion

AP-60 Public Housing – 91.220(h)

Introduction

The city continues to work cooperatively with the Burleigh County Housing Authority, our local public housing entity.

Actions planned during the next year to address the needs to public housing

Burleigh County Housing Authority (BCHA) completed the demolition of 17 units and continues to work through the redevelopment of 34 new rental units to replace them. These have been pre-determined to be 17 one-bedroom units and 17 two-bedroom townhomes. Two single-family public housing units have also been identified as potential replacement opportunities in the BCHA Annual PHA Plan and City staff received consult from Burleigh County Housing Authority on associated items in the upcoming 2025-2029 Consolidated Plan through focus groups offered to ensure communication and exploration of options to increase the public housing stock.

Actions to encourage public housing residents to become more involved in management and participate in homeownership

Burleigh County Housing Authority will continue to offer its homeownership program. This program annually provides an opportunity for one to three interested tenants residing in public housing to purchase the single-family dwelling which they rent. However, escalating home prices in Bismarck have resulted in higher appraised values for these units, and the purchase price is currently too high for an LMI household to afford.

If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance

The public housing authority has not been designated as troubled.

Discussion

AP-65 Homeless and Other Special Needs Activities – 91.220(i)

Introduction

Homeless and housing services are a high priority 2025-2029 Consolidated Plan. Activities selected to be undertaken by Burleigh County Council on Aging, Ministry on the Margins, Bismarck Public Schools, Aid, Inc. and UspireND will all support services that target at-risk populations such as extremely low, low-moderate-income households, families with children, chronically homeless, victims of domestic violence, elderly and persons with mental and physical disabilities and alcohol or other addictions. These agencies provided services that either aid in ending or preventing homelessness or allow a focus to be put on assisting critical daily needs while addressing other factors that need attention for the improvement of quality of life.

City staff is utilizing its option to prioritize contingency funds and activities to be supported with CDBG funds for the planning phases of a triage facility. This facility would provide mental health and substance abuse services to individuals and currently does not have a funding source secured.

Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including

Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

Bismarck participates in a statewide Continuum of Care and several local agencies receive funding through that process. It also serves as a clearinghouse for statewide information on homeless data and resources, identifies gaps in services, and provides leadership in strategic planning. The local coalition provides education/outreach, services, and a means for local agencies to communicate and cooperate. The City will continue to work with the local coalition and provide CDBG assistance to subrecipients working on homelessness prevention to at risk-households and emergency services for homeless households. Local service agencies have received training on a coordinated assessment process in order to identify homeless households with the greatest needs.

One-year goals include participation by City staff in two yearly Point in Time counts coordinated between Bismarck-Burleigh Public Health, Continuum of Care and Ministry on the Margins. These efforts contact homeless individuals directly at two different times of year to allow for consideration of both the sheltered and unsheltered homeless population needs. Individuals are surveyed in several parts of the community and these contacts allow for coordination of additional services, such as temporary shelter, and the provision of emergency life-safety needs such as socks and water.

Planning staff has partnered with Bismarck-Burleigh Public Health for the coordination of information-sharing to support components of the 2025-2029 Consolidated Plan and the need for an updated 5-year

plan to end homelessness has been identified as a future project.

Addressing the emergency shelter and transitional housing needs of homeless persons

The City of Bismarck has identified affordable housing as one goal of its Consolidated Plan and continues to consider options on how to further support the current emergency shelter. A local agency is in the process of rehabilitating an existing property that will serve as the City's only medical respite care facility. This will serve as a location where chronically homeless individuals can receive medical care post-hospital stay and receive both medical and social services to assist in preventing a return to homelessness. City staff continues to prioritize the need for a low-barrier shelter where funds were previously allocated. Due to an inability to secure a location, the activity was canceled and the funds were released to allow access to them by other agencies. This need will likely be a high priority goal in the next Consolidated Plan.

Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again

Funds obligated to Aid, Inc. will continue to focus on offering support to public service activities through the provision of emergency rent to individuals needing assistance with past due rent and security deposits, in order to keep or secure permanent housing. These funds are expected to limit the number of households entering homelessness. City staff supports efforts taken under by Ministry on the Margins to acquire a multi-family property to operate as 20 affordable housing units. Many homeless needs are discussed collaboratively between Community Development, Bismarck Police Department, Bismarck-Burleigh Public Health and community stakeholders such as local hospitals, Bismarck Public Schools and associated non-profit agencies where partnerships can be identified as a joint effort to end homeless and prevent replication. City Planning staff also continues to work with the local Missouri Valley Coalition for Homeless People where agencies can coordinate services in urgent need situations and encouraging coordinated entry efforts.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving assistance from public or private agencies that address housing, health, social services,

employment, education, or youth needs

Staff has identified Aid, Inc. as a recipient of 2025 CDBG funds due to their ability to assist in securing housing for homeless or near-homeless households. They are able to provide emergency rent in situations of financial distress and assist with security deposits where individuals may otherwise not have the financial means to secure housing on their own. Funds have been committed to Ministry on the Margins which continues to work with individuals being released from jail or criminal detention where these individuals would otherwise become chronically homeless. Their future affordable housing site will further these efforts.

Discussion

As the City of Bismarck continues to strive to reduce homelessness, the City will fund projects that primarily serve the homeless and benefit affordable and public housing.

AP-75 Barriers to affordable housing – 91.220(j)

Introduction:

The City will continue to encourage nonprofit and private developers to apply for HOME funding (via the State of North Dakota) to help bolster affordable housing options in the community. It will also encourage these entities to apply to the State of North Dakota for Housing Incentive Funds, or to obtain Low Income Housing Tax Credits. The City's Planning Division continues to utilize its Infill and Redevelopment Plan (2016), which includes provisions to encourage affordable housing in previously developed areas and hopefully will encourage more sustainable, affordable, and cost-effective housing development. The Plan allows for smaller lot sizes, accessory dwelling units, reduced roadway widths and other means to decrease costs for infrastructure and land. The Together 2045 Plan was adopted by the Bismarck City Commission in 2023 which includes housing goals which encourage a diversity of housing types to meet the variety of household needs in the community; expand the stock of affordable housing options for all income levels housing options for all income levels; support vulnerable populations with access to decent housing and necessary supportive services; and ensure that the variety and quality of housing is aligned with the needs of the community. City staff is also in the process of a consultant assisted rewrite of the zoning ordinance as it has been recognized that some requirements of the zoning ordinance may have a direct or indirect effect on rental or owner-occupied housing affordability.

The City of Bismarck Planning Division actively monitors for additional funding sources and opportunities where a grant could be leveraged with CDBG dollars and partnered with another affordable housing activity.

Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment

The Community Development Department includes the Building Inspections Division, so it is better able to provide information on zoning, land use, parking, permits, and other information needed for development. The Department reviews proposals and discusses all new developments with developers before meetings with the Planning and Zoning Commission. City fees are reasonable, and the City charges no impact fees, with the exception of Utility Capital Charges. The City also uses a single development application process and has a streamlined permitting and approval process for housing and other developments. Parking requirements can be waived for elderly housing or other special needs housing. A tax incentive program named the Renaissance Zone has been used to incentivize new housing development downtown, including the creation of other 250 new housing units in the previous five years and rehabilitation of 117 affordable housing units within the historic Patterson building. A Quiet Rail zone has been implemented in the downtown area which has helped facilitate this development of housing. In addition, the City has created minimum rental housing standards, which

helps to preserve the existing affordable housing stock within the community. The rewritten zoning ordinance has the potential to significantly impact affordable housing opportunities.

Discussion:

Some barriers to affordable housing in the City of Bismarck are out of the reach of the City, including the cost of land, labor and materials. The City can, however, continue to make it feasible for developers to develop affordable housing units within the City. The City will continue its partnership with local nonprofits, and private developers to promote affordable housing.

AP-85 Other Actions – 91.220(k)

Introduction:

The City has found that the largest obstacle to meeting underserved needs is the lack of resources. While the City has no control over the number of resources it will receive, the City will allocate what funds it does have to try to meet the priority needs identified in the Consolidated Plan. The City has also allocated a large share of its CDBG public service funds to emergency housing assistance needs since this has been one of the greatest priority needs, due to a shortage of affordable housing and facilities to serve homeless or potentially homeless persons.

Actions planned to address obstacles to meeting underserved needs

The City is part of the Missouri Valley Coalition for Homeless People (MVCHP) which meets regularly to address emerging community needs. The coalition coordinates resources to meet underserved needs, and the City will continue to participate in these meetings to gain an insight on existing obstacles and where possible leverage support. The City has also consistently allocated a large share of its CDBG public service funds to emergency housing assistance needs since this has been one of the greatest priority needs, due to a shortage of affordable housing and facilities to serve homeless or potentially homeless persons.

Actions planned to foster and maintain affordable housing

Burleigh County Housing Authority (BCHA) provides affordable housing through their voucher program which provides assistance for LMI households in the private and rental market through the Housing Assistance Payment Program (HAP). BCHA has a construction project underway, which when complete will offer 34 affordable units with project-based vouchers. The City will continue to allocate CDBG funding to subrecipients that assist LMI households, improve accessibility, and do emergency repairs. These activities will help maintain affordability for LMI households. In addition, opportunities to fund improvements to Section 8 rental housing will be prioritized. The Community Development Department, through its Planning Division, will also be researching ways to reduce costs in the development of new housing and continue to explore other supporting funding opportunities.

Actions planned to reduce lead-based paint hazards

The City continues to collaborate with subrecipients whose beneficiaries receive rental assistance to help reduce lead exposure. Subrecipients are required to report on pre-1978 rent assisted units and measures taken to ensure that there was no lead exposure. The City will continue to provide information on requirements and training to project owners and contractors working on CDBG funded activities. Guidance has been built into the CDBG Subrecipient Policies and Procedures Guide and the State Health Department provides technical assistance for these projects upon request or referral by the City. City staff monitors and requests documentation when necessary to assist in any mitigation needs

and compliance.

Actions planned to reduce the number of poverty-level families

BCHA will continue to operate its self-sufficiency program, and Community Action Program will continue its self-reliance activities. Both programs help low-income families escape poverty. Operational support, facility renovation, and improved accessibility will aid these efforts. The City intends to address poverty issues primarily through supportive services that encourage self-sufficiency.

Actions planned to develop institutional structure

While the City does not have planned actions to develop its institutional structure at this time, staff will continue to work and communicate with the Burleigh County Housing Authority, adjacent units of government, local nonprofits, and social service agencies.

Actions planned to enhance coordination between public and private housing and social service agencies

Every effort will be made to encourage communication and awareness of programs and activities throughout the life of the 2025-2029 Consolidated Plan.

Discussion:

The City of Bismarck will continue to fund projects that help meet the needs of LMI residents of the City. One hundred percent of CDBG activity funds will be allocated to activities benefitting LMI persons. These efforts, along with activities implemented by other public and private agencies, will help to address the priority needs identified in the Consolidated Plan.

Program Specific Requirements

AP-90 Program Specific Requirements – 91.220(I)(1,2,4)

Introduction:

Community Development Block Grant Program (CDBG) Reference 24 CFR 91.220(I)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan.	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan	0
5. The amount of income from float-funded activities	0
Total Program Income:	0

Other CDBG Requirements

1. The amount of urgent need activities	0
2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income.	

Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan. 100.00%

1. If applicable to a planned HOME TBRA activity, a description of the preference for persons with special needs or disabilities. (See 24 CFR 92.209(c)(2)(i) and CFR 91.220(l)(2)(vii)).

Appendix - Alternate/Local Data Sources

1	Data Source Name Resident Survey
	List the name of the organization or individual who originated the data set. City of Bismarck's Community Development Planning Division.
	Provide a brief summary of the data set. This was a survey offered City-wide to all community residents.
	What was the purpose for developing this data set? The purpose was to identify housing and community development issues to support the prioritization of various goals and objectives.
	Provide the year (and optionally month, or month and day) for when the data was collected. The survey was offered and data collected for the month of October 2024.
	Briefly describe the methodology for the data collection. Survey 1-2-3 was used for the completion of the survey. Paper surveys were provided at various sites and data was submitted directly to staff.
	Describe the total population from which the sample was taken. The total population of Bismarck, approximately 75,000 individuals, was welcome to participate. The data should be considered scientific and a sample was not taken.
	Describe the demographics of the respondents or characteristics of the unit of measure, and the number of respondents or units surveyed. 100 responses were received of varying demographics including low- moderate-income, housed and homeless and a variety of age ranges.
2	Data Source Name North Dakota Statewide COC Point-in-time count
	List the name of the organization or individual who originated the data set. The North Dakota Statewide Continuum of Care.
	Provide a brief summary of the data set. The 2023 COC Point-in-time count information for homeless populations was used as the most recent available at the time this Plan was prepared.
	What was the purpose for developing this data set? To count the current homeless population.

	<p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>Data collection is organized statewide among a variety of populations.</p>
	<p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>The North Dakota Continuum of Care conducts its Point in Time Count in January of each year.</p>
	<p>What is the status of the data set (complete, in progress, or planned)?</p> <p>The data set is complete and will continue to be completed annually in January.</p>
3	<p>Data Source Name</p> <p>North Dakota Statewide COC Housing Inventory Count</p>
	<p>List the name of the organization or individual who originated the data set.</p> <p>The North Dakota Continuum of Care.</p>
	<p>Provide a brief summary of the data set.</p> <p>A summary of all available housing for homeless persons in the state</p>
	<p>What was the purpose for developing this data set?</p> <p>To total the number of housing for homeless persons in the state</p>
	<p>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</p> <p>Data was provided for statewide totals from a variety of populations.</p>
	<p>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</p> <p>2023 inventory counts were provided by the ND COC.</p>
	<p>What is the status of the data set (complete, in progress, or planned)?</p> <p>The data set is complete and expected to be available as needed.</p>



Grantee Unique Appendices

- Citizen Participation Plan
- Public Notice – Public Comment Opportunity and Public Hearing on 2025 Annual Action Plan
- Public Notice – Public Input Opportunity on 2025-2029 Consolidated Plan
- Public Notice – Public Comment Opportunity and Public Hearing on Draft 2025-2029 Consolidated Plan
 - Title VI Survey Sample
 - Broadband Survey Sample
 - Community Survey Results
- Sanford Health Needs Assessment



City of Bismarck

Citizen Participation Plan

The Community Development Block Grant (CDBG) is a federal grant through the U.S. Department of Housing and Urban Development (HUD). The primary objective of CDBG is the development of viable communities by the provision of decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income. In order to define what is needed to develop a suitable living environment, HUD and the City of Bismarck request the input of the public during the process to determine priorities for the CDBG program and to select projects to be funded by CDBG.

Purpose of the Citizen Participation Plan

The purpose of the Citizen Participation Plan is to set forth the policies and procedures by which the City will encourage citizens to participate in the development of the CDBG strategic plans and the use of the grant funding.

The CDBG process merges planning, application, and reporting requirements (24 CFR Part 91), and public participation is an integral element in this process. Accordingly, the City of Bismarck adopts a Citizen Participation Plan that describes how the City of Bismarck will promote and encourage public involvement throughout the CDBG process and encourage participation of LMI households living in potential project areas. This is a collaborative effort that emphasizes public involvement throughout all stages of the CDBG process and the development of the Consolidated Plan, Annual Action Plan and Consolidated Annual Performance Evaluation Report (CAPER). Public Participation helps Bismarck's Community Development Department gain a better understanding from the stakeholders and also get a diverse perspective on issues that matter most to the community.

Background

The City of Bismarck became an entitlement jurisdiction in 1990 for the CDBG program. As an entitlement jurisdiction, the City receives CDBG funding directly from HUD and administers the grant, including ensuring the funds are used according to the Code of Federal Regulations (CFR) and the associated plans, reports and certifications are completed on time and accurately. CDBG funding can be used for (1) activities that benefit low-and moderate-income households (2) eliminate conditions of slum and blight (3) meet an urgent community development need. As a recipient of CDBG funds, the City is required to provide the following:

1. Consolidated Plan at least once every five years (24 CFR § 91.15). The Consolidated Plan is a strategic plan that examines the housing and community development needs of a jurisdiction, sets priorities for HUD grant monies and establishes an action plan for meeting current and future needs. Each Consolidated Plan is also required to have a strategy for citizen participation in the Consolidated Planning process (24 CFR Part 91.105).
2. Annual Action Plan each year to receive the CDBG funding (24 CFR § 91.15). The Annual Action Plan serves as the City's application to HUD for the following year's CDBG funding and includes the projects that the entitlement jurisdiction desires to fund. The Plan also outlines the tasks and objectives that will be accomplished during the program year and includes sections that describe the public participation process, how other resources will be leveraged, and how the City plans to address barriers to affordable housing, fair housing and homelessness. The City's CDBG program year begins June 1 and ends May 31.
3. Consolidated Annual Performance and Evaluation Report (CAPER), which reviews the progress the City has made in carrying out the priorities in the Consolidated Plan. The report includes a description of the resources made available, the investment of the resources, the distribution and location of investments, per 24 CFR § 91.520. This report must be submitted to HUD within 90 days of the end of the program year.

City of Bismarck Citizen Participation Plan

Contact

The Community Development Department - Planning Division is the designated lead agency in the development of Bismarck's Consolidated Plan, Annual Action Plan, CAPER and Citizen Participation Plan for CDBG. This division resides within the City of Bismarck. Any comments or questions regarding the Consolidated Plan, Annual Action Plan, CAPER or the CDBG program can be sent to:

City of Bismarck
Community Development Department
PO Box 5503
Bismarck, ND 55806-5503
(701) 355-1840
planning@bismarcknd.gov

Information can also be found [here](#).

Basic Procedures

Public Participation

The City of Bismarck strives to involve citizens, public agencies, and other impacted parties in the process of setting priorities for the use of CDBG funds and identifying community needs. Because the national objectives of the grant are to benefit low- and moderate-income persons, prevent or eliminate slums or blight, or meet an urgent community need, emphasis is placed on involving low- and moderate-income people, particularly those living in areas where CDBG funds are proposed to be used. The Community Development Department will make every effort to involve citizens in all phases of the development programs including, but not limited to, the following phases:

- a. Identification and assessment of public infrastructure, housing and community development needs, determination of CDBG project(s) and documentation;
- b. Changes and/or amendments to approved CDBG projects; and
- c. Assessment of CDBG performance

All phases of the community development process will be conducted by Bismarck's Community Development Department in an open manner. Everyone is encouraged to participate at all levels and will be given access to program information during each phase of any CDBG program outlined herein.

Community Meetings

Community meetings may be held, as necessary, to communicate information regarding a CDBG project or projects or to obtain feedback from low- and moderate-income residents or those that serve these populations in Bismarck. Community meetings will be held in locations that are American with Disabilities Act (ADA) compliant, when available. If residents require special assistance for community meetings for physical, visual, or language impairments, as well as for alternative format/language assistance, they should contact the Community Development Department – Planning Division at 701-355-1840 during operating hours, Monday through Friday, 8:00 a.m. to 5:00 p.m. at least eight hours in advance of the scheduled meeting.

Public Comment Period

- a. The City will hold a 30-day public comment period for the Consolidated Plan, Annual Action Plan and any substantial amendment(s) to these plans.

City of Bismarck Citizen Participation Plan

- b. For the CAPER, the City will hold a public comment period of not less than 15 days to receive comments from citizens on this report.
- c. The City will consider any comments or views of citizens received in writing or orally during the public comment period in the preparation of the Plans, reports and substantial amendments.

Public Hearings and Community Meetings

It is the policy of the City of Bismarck to give residents reasonable and timely notice of meetings and access to materials related to the City's use of CDBG funds.

All public hearing meetings will be open to the public and held in buildings that are accessible to persons with disabilities. Meetings will have adequate notice and be held at reasonable convenient times. Upon request and/or when relevant, special provisions will be made to accommodate persons due to disability or language barrier. The Community Development Department will publish notice of public hearings in the official newspaper of the City of Bismarck, Bismarck Tribune, at least 15 days in advance, beginning on or prior to the first day of the public comment period. The public hearing date, time and location will be listed in the newspaper notice with the public comment period. The public hearing will also be posted on the City's [website](#), social media accounts and in public spaces as deemed appropriate or necessary.

Bismarck will hold a minimum of two public hearings during each funding year, per 24 CFR § 91.105. The hearings will be held at two different stages of the program year and together, the hearings will address housing and community development needs, development of proposed activities, and review of program performance. The City will hold one public hearing during the 30-day public comment period on the draft Annual Action Plan, or five-year Consolidated Plan when applicable, to obtain the views of citizens on community needs (24 CFR § 91.105). The second public hearing could be held for a substantial amendment or for the CAPER. Other public hearings may be held, as necessary. The previously referenced public comment periods will be offered in conjunction with these public hearings. Information that may be reviewed at community meetings and public hearings includes, but is not limited to:

- a) Amount of grant funding and program income anticipated in the coming year.
- b) Range of activities that may be undertaken.
- c) Estimated amount of grant funding and program income proposed to be used for activities that will benefit low- and moderate-income persons.
- d) Any proposed activities likely to result in displacement and the City of Bismarck's plan for minimizing displacement.

The City of Bismarck may also use virtual public hearings, when necessary for public health reasons. If virtual public hearings are used, real time responses and accommodations for persons with disabilities will be made to the farthest extent possible. During times of declared disasters or emergencies by local, state or federal government, the public comment period for substantial amendments to both the Annual Action Plan and Con-Plan is reduced to 5 days.

A summary of the comments received during the public comment period and at public hearings will be summarized and attached to the strategic plans and reports. The comments could influence the City to adjust the priorities or projects in the current or future Consolidated Plan or Annual Action Plan. Any adjustments would be approved by the City Commission.

Upon request, reasonable accommodations and special assistance will be made available during public hearings. Auxiliary aids and services are available upon request to individuals with disabilities or limited English proficiency using TTY/TTD equipment via TDD/TTY via 711/TDD, the ND Relay Service at 1-800-366-6888/TTY or 1-800-435-8590/Spanish.

City of Bismarck

Citizen Participation Plan

Public Access to Information

As required by law, the City of Bismarck will provide the public with reasonable public access to information and records relating to the data or content of the Consolidated Plan. Documents relevant to the Program shall be made available at the City's Community Development Office during normal working hours for citizen review upon request. "Standard Documents" include the following:

- a. Annual Action Plan
- b. Consolidated Plan (Con-Plan)
- c. Substantial amendments to either an Annual Action Plan or Consolidated Plan
- d. Annual Performance Reports
- e. The Citizen Participation Plan

The City shall also provide for full and timely disclosure of its program records and information consistent with applicable State laws regarding freedom of information, personal privacy, and obligations of confidentiality. These documents include all key documents such as prior applications for funding, all prior Statements of Objectives and Projected Use of Funds documents, letters of approval, grant agreements, other reports required by HUD; all mailings and promotional material; records of hearings; documents regarding other important program requirements, such as contracting procedures, environmental policies, fair housing and other equal opportunity requirements, and relocation provisions; copies of the regulations and issuances governing the program.

Application Process for CDBG-Eligible Organizations

- a. The City will accept applications annually from CDBG-eligible organizations, including housing service providers, nonprofit organizations, and City departments. Information on the process will be available on the City's website [here](#). The timeframe for intake of applications will be emailed to eligible agencies that have requested the information and posted on the City's website and/or in the official newspaper of the City of Bismarck. The City also has the option to solicit additional applications in the event that more funding becomes available, or it is determined that additional projects are necessary to meet the community needs.
- b. Applications or a summary of projects may be placed on the City's website during the public comment period.
- c. City staff may conduct an application workshop and/or provide technical assistance to allow applicants to ask specific questions about the grant or potential projects.
- d. Applicants may request one-on-one technical assistance session with City CDBG staff. The City will make a good faith effort to see that reasonable requests for technical assistance are responded to in a timely manner. Reasonable requests are those made more than a week in advance of the application deadline and are requests referring to assistance with completing the application.

Community Advisory Committee

The Community Advisory Committee (CAC) is a focus group made up with up to 13 local community members who represent various economic, ethnic and social service interests within the City of Bismarck. The CAC focus group is a cross-section representation of the people in Bismarck they serve as a voice for the community and act in an advisory capacity on the current needs of community. The committee does not have independent duties or authority to take actions that will bind the Community Development Department. The group is led by a staff member from Bismarck Community Development Department.

- a. Makes recommendations on applications requests for CDBG funding; and
- b. Encourages community involvement in the development and review of the Con Plan and Annual Action Plan;

City of Bismarck

Citizen Participation Plan

Substantial Amendment to the Consolidated or Annual Action Plans

A “Substantial Amendment” to the Consolidated or Annual Action Plans is defined by the City of Bismarck to be:

- a. A change in the allocation priorities or goals identified in the Consolidated Plan; or
- b. A change in the method of distributing funds (i.e. application process, selection criteria for projects, etc.); or
- c. Adding an activity not previously identified in the Consolidated Plan or Annual Action Plan; or
- d. A change in the purpose, scope, location, or type of beneficiaries of a project to such an extent that it can no longer reasonably be construed as the activity reviewed by the public and approved by the City Commission; or
- e. An increase or decrease in project funds of at least 20% for any activity whose allocation is \$50,000 or more. An increase to an activity above 20% may be allowed when the City of Bismarck if a portion of these funds are from sources other than the standard CDBG allocation (i.e. CDBG-CV funds)

All other amendments would be considered minor in nature and completed administratively. Minor changes to this Plan will be considered informal amendments and will be noted in the Effective Date and Amendments section of this document. Examples include, but are not limited to, redistribution of allocated funds below thresholds requiring a substantial amendment, updates to contact information, the modes of outreach utilized, City policies referenced in this Plan that are amended, clarifications of terms used in the document and applicable CFR’s referenced in the Plan that are amended and do not substantially change the information included in the Plan or its intended purpose.

Major changes to this Plan will be considered formal amendments and will be considered by the Bismarck Board of City Commissioners prior to implementation.

Citizen Participation During Emergency Events

In the event of a public health emergency or other emergency event requiring social distancing, the City has established expedited procedures to draft, propose, or amend the Consolidated Plan, the Annual Action Plan or solicit citizen participation.

The City must submit a request for waiver to HUD no less than two (2) days prior to utilization of the requested waiver. Expedited procedures must include notice and reasonable opportunity to comment of no less than five (5) days. The 5-day period can run concurrently for comments on Action Plan amendments, Consolidated Plan amendments, and amended Citizen Participation Plans. In-person public hearings are not required.

The City may* meet public hearing requirements with virtual public hearings if: 1) national/local health authorities recommend social distancing and limiting public gatherings for public health reasons; and 2) virtual hearings provide reasonable notification and access for citizens in accordance with the City’s certifications, timely responses from local officials to all citizen questions and issues, and public access to all questions and responses. Instructions for participation in the virtual public meeting will be detailed in the public notice for the meeting.

During times of a national disaster or pandemic such as COVID19, advertisements and public notices may* be solely on the City’s website. Public comments received during the public comment period and at the virtual public meeting will be documented and held in file with the City of Bismarck’s CDBG Grant Administrator. Notice of a public hearing scheduled under these circumstances must be posted on the City’s website no less than 72 hours prior to the hearing. Accommodations for disabilities and non-English speaking residents will be made with a 48-hour notice prior to the scheduled meeting.

City of Bismarck

Citizen Participation Plan

***Disclaimer:** All these procedures are subject to HUD’s guidance during an emergency event and subject to change. The City of Bismarck will follow directives from HUD and refer to their policy and procedures in reference to the actual emergency event. This information shall be made available on the City’s website.

Complaints and Grievances

It is the policy of the City of Bismarck to take reasonable steps to address concerns expressed by citizens and to respond to any formal complaints or grievances in a timely manner.

- a. Citizens should bring any concerns they may have regarding the CDBG program, Plans, policies, or projects to the attention of the City of Bismarck, Community Development Department – Planning Division, 701-355-1840, planning@bismarcknd.gov.
- b. Unresolved issues, complaints, or grievances may be formally submitted to the City Administrator. The grievance and/or request must be in writing and legible; typed correspondence is strongly urged.
 - i. The letter/email must be signed, dated, and indicate if the correspondent is representing his/her personal concerns or those of a larger group, in which case, the name and description of the group must be stated.
 - ii. The letter/email must contain contact information including the person or organization’s name, address, phone number, email address, and, if the organization has a fax, the fax number.
 - iii. The letter/email must clearly identify the specific complaint or grievance and should state what corrective action is being sought.
 - iv. Unresolved issues, complaints, or grievances may be formally submitted to the City Administrator. The grievance and/or request must be in writing and legible; typed correspondence is strongly urged.
- c. It is anticipated that most concerns can be addressed through direct conversation. Should a written response be requested, the City will provide timely written answers to letters/emails that follow the guidelines listed in (b) above. The time required to respond may vary depending upon the nature and complexity of the specific complaint. Where practicable, written answers will be provided within 15 working days of the receipt of the written complaint.

Certifying Officers

For the CDBG program, the City of Bismarck’s primary elected official/certifying officer is the Mayor. The Mayor will sign documents and HUD forms that will have a legal or financial impact to the CDBG program or the City of Bismarck, and those that have been approved through a public participation process. The Mayor can delegate the administrative authority to the department heads in certain matters, to ensure the smooth and timely flow of information and documentation within and between the City, its employees, applicants for employment, contractors, suppliers, and outside service providers. In an effort to ensure the City meets the timing requirements of the CDBG program, the Mayor may direct the City Administrator or the Community Development Director to sign CDBG forms and documents on behalf of Mayor. For example, administrative forms and certification will be signed by the Community Development Director.

Amendments Procedures

This Citizen Participation Plan may be amended at any time by the Bismarck City Commission following the public participation, notice, and hearing process outlined in the plans. The process for amendments to this Citizen Participation Plan may occur in tandem with other CDBG Program amendments.

City of Bismarck Citizen Participation Plan

1. This City of Bismarck Citizen Participation Plan was approved on February 11, 2020, by the Bismarck City Commission. The Plan may be amended as necessary. It is recommended that this Plan is reviewed when creating a new Consolidated Plan.
2. An Administrative Amendment to this Citizen Participation Plan was added on April 28, 2020. This amendment clarifies temporary processes and procedures in due to HUD regulatory updates.
3. An amendment to this Citizen Participation Plan was on January 23, 2024. This amendment clarified public input opportunities and substantial amendments.
4. An amendment to this Citizen Participation Plan was added on March 26, 2024. This amendment clarified the definition of a substantial amendment and expanded on options for public participation.

AFFIDAVIT OF PUBLICATION

State of Florida, County of Orange, ss:

Hannah Ward, being first duly sworn, deposes and says: That (s)he is a duly authorized signatory of Column Software, PBC and duly authorized agent of The Bismarck Tribune, and that the publication(s) were made through The Bismarck Tribune on the following dates:

PUBLICATION DATES:

Jan. 10, 2025

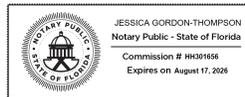
NOTICE ID: trsPbGILnqI036Gyulc8

PUBLISHER ID: COL-ND-0893

NOTICE NAME: CDBG application window

Publication Fee: \$86.40

(Signed) Hannah Ward



VERIFICATION

State of Florida
County of Orange

Subscribed in my presence and sworn to before me on this: 01/13/2025

J. Tra

Notary Public

Notarized remotely online using communication technology via Proof.

City of Bismarck
Community Development Department
221 N. 5th Street
PO Box 5503
Bismarck, ND 58506-5503
Phone: (701) 355-1840

The City of Bismarck is requesting its citizens to comment on the housing and community development needs of low- and moderate-income persons. Comments will be used to develop the 2025 Annual Action Plan, which will implement goals included in the City's Consolidated Plan (2025-2029).

The Annual Action Plan includes the City's Community Development Block Grant (CDBG) application. The City does not yet know the amount of its 2025 grant, but it is expected to be around \$350,000. Suggestions are needed on how to best use this money. This funding must be used for activities that primarily benefit low- and moderate-income persons (LMI), alleviate slum & blight, or address a condition that threatens life and health.

Public Input Opportunity on 2025 Annual Action Plan

Recommendations may be given at a public input opportunity to be held as follows:

Tuesday, February 4, 2025, at 5:00 pm
David Blackstead Room – 2 ND Floor
City-County Building
221 N. 5th Street
Bismarck, ND 58503

Recommendations may also be sent to hbalzum@bismarcknd.gov until February 14, 2025, for those that are not able to attend the public hearing.

To request accommodations under the Americans with Disabilities Act to attend or participate in any public meeting, and/or to obtain this notice in alternate formats, contact the Planning Department at 701-355-1840 as soon as possible before the meeting. Auxiliary aids and services are available upon request to individuals with disabilities or with limited English proficiency using TTY/TDD equipment via Relay North Dakota at 711 or 1-800-366-6888/TTY, 1-800-366-6889/English or 1-800-435-8590/Spanish.

Applications for 2025 CDBG Funding

Local agencies or non-profit organizations are now welcomed to apply for 2025 funding. Application forms can be found online at HUD Grant Programs | Bismarck, ND - Official Website (bismarcknd.gov) or requested by email at hbalzum@bismarcknd.gov .

The application deadline is Friday, February 14, 2025, at 5 pm.

Notice of Non-Discrimination on the Basis of Disability and Reasonable Accommodation

The City of Bismarck promotes fair housing and makes all its programs available to low- and moderate-income families regardless of age, race,

color, religion, sex, national origin, sexual preference, marital status or handicap. The City of Bismarck does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs and activities on the basis of disability. Reasonable accommodations will be made available to the disabled, upon request. Translators/Translation services are also available upon request.
1/10 - COL-ND-0893



INTERIM AD DRAFT

This is the proof of your ad scheduled to run in **The Bismarck Tribune** on the dates indicated below.
If changes are needed, please contact us prior to deadline at help@column.us

Notice ID: KuarfYHhafxDC2m8gUMA | **Proof Updated: Feb. 04, 2025 at 02:14pm CST**
Notice Name: Public Notice

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FILER	FILING FOR
CGDB PLANNER - COMM. DEV. PLANNING hbalzum@bismarcknd.gov (701) 355-1847	The Bismarck Tribune

Columns Wide: 1	Ad Class: Legals
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03/07/2025: General Legal	66.60
03/14/2025: General Legal	66.60

Total	\$133.20
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See Proof on Next Page



**Minutes for a Public Input Meeting on the
City of Bismarck's Draft 2024 Annual Action Plan**

Staff present: Hilary Balzum and Daniel Nairn

Time: Wednesday, February 4, 2025, at 5:00 pm

Location: David J. Blackstead Conference Room, City-County Office Building, 221 North 5th Street, Bismarck, ND.

Ms. Balzum opened the meeting and provided a sign-in sheet and Title VI surveys for visitors. The front door to the City-County Office Building was unlocked in preparation for the meeting, and it was advertised in the Bismarck Tribune and the City of Bismarck CDBG program web page.

Staff waited until 6:00 pm and with no members of the public attending to provide comments, the meeting was closed.



From: [Lorraine Davis](#)
To: [Hilary Balzum](#)
Subject: REV. 2025 Annual Action Plan Recommendations
Date: Wednesday, February 12, 2025 10:04:45 AM
Attachments: [image001.png](#)
[image002.png](#)

CAUTION: *External Email - Use caution clicking links or opening attachments*****

Hi Hilary,

I recommend that the city of Bismarck's 2025 Annual Action Plan designates the construction of public facilities as its primary priority. This public facility is critically needed in the city of Bismarck to be a central point for homeless/at-risk of homelessness intakes and assessments and access to rental assistance alongside continuum of care services for extremely low and low income households including access to daycare, workforce development, small business development, consumer education, behavioral health prevention, intervention and recovery services for persons struggling with mental health and addiction challenges.

Lorraine Shepherd-Davis
Sisseton-Wahpeton (Dakota) Oyate
Founder/CEO
Tel: (701) 557-5313
Email: lorraine@ndnadc.org

NATIVE, Inc. www.ndnadc.org

Bismarck, Fargo, & Grand Forks

Native American Development Center

www.ndnativecenter.org

Headquarters co-located

NATIVE, Inc./NADC Headquarters

2403 East Thayer Avenue

Bismarck, North Dakota 58501



**PUBLIC NOTICE THE
DEVELOPMENT OF BISMARCK'S
2025-2029 CONSOLIDATED PLAN**

The City of Bismarck seeks comment from public and private groups, agencies, and individuals prior to drafting the 2025-2029 Consolidated Plan, which will include the 2025 Annual Action Plan, for the Community Development Block Grant Program (CDBG). Input is sought regarding local affordable housing and community development needs, priorities, and proposed strategies and how best to address those needs. It will also set priorities for the use of HUD funds for a five-year period. CDBG funds must be used for projects that primarily benefit low- and moderate-income persons, alleviate slum & blight conditions or address a condition that threatens life and health.

Recommendations may be given at a public input opportunity to be held as follows:

Wednesday, March 19, 2025, at 5:00 pm
City-County Office Building
David Blackstead Room – 2nd Floor
221 N. 5th Street
Bismarck, ND 58503

Recommendations may also be sent to hbaizum@bismarcknd.gov until March 19, 2025, for those that are not able to attend the meeting.

To request accommodations under the Americans with Disabilities Act to attend or participate in any public meeting, and/or to obtain this notice in alternate formats, contact the Planning Department at 701-355-1840 as soon as possible before the meeting. Auxiliary aids and services are available upon request to individuals with disabilities or with limited English proficiency using TTY/TDD equipment via Relay North Dakota at 711 or 1-800-366-6888/TTY, 1-800-366-6889/English or 1-800-435-8590/Spanish.

Notice of Non-Discrimination on the Basis of Disability and Reasonable Accommodation

The City of Bismarck promotes fair housing and makes all its programs available to low- and moderate-income families regardless of age, race, color, religion, sex, national origin, sexual preference, marital status or handicap. The City of Bismarck does not discriminate in admission or access to, or treatment or employment in, its federally assisted programs and activities on the basis of disability. Reasonable accommodations will be made available to the disabled, upon request. Translators/Translation services are also available upon request.
3/7, 3/14 - #####



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If changes are needed, please contact us prior to deadline at help@column.us

Notice ID: syXF2mqIDi0mHE5RwJxX | **Proof Updated: Apr. 01, 2025 at 02:02pm CDT**

Notice Name: Notice of public comment period and public he

See Proof on Next Page

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FILER	FILING FOR
CGDB PLANNER - COMM. DEV. PLANNING hbalzum@bismarcknd.gov (701) 355-1847	The Bismarck Tribune

Columns Wide: 1	Ad Class: Legals
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04/11/2025: General Legal	90.90
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Total	\$90.90
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**Minutes for a Public Input Meeting on the
City of Bismarck's Draft 2025-2029 Community Development Block Grant (CDBG)
Consolidated Plan**

Staff present: Hilary Balzum and Daniel Nairn

Time: Wednesday, March 19, 2025, at 5:00 pm

Location: David J. Blackstead Conference Room, City-County Office Building, 221 North 5th Street, Bismarck, ND.

Ms. Balzum opened the meeting and provided a sign-in sheet and Title VI surveys for visitors. The front door to the City-County Office Building was unlocked in preparation for the meeting, and it was advertised in the Bismarck Tribune and the City of Bismarck CDBG program web page.

Staff waited until 6:00 pm and with no members of the public attending to provide comments, the meeting was closed.



Public Notice

30-day Public Comment Period and Public Hearing on Draft 2025-2029 Community Development Block Grant (CDBG) Consolidated Plan

Notice is given that a draft of the 2025-2029 CDBG Consolidated Plan for the City of

Bismarck, ND is available for a 30-day public comment and review period. The 2025-2029 (CDBG) Consolidated Plan includes the first program year of the Plan, the 2025 Annual Action Plan. Notice

is also given that a public hearing will be held on these items.

The City of Bismarck's CDBG Consolidated Plan examines the housing and community development needs and identifies the overall priority needs in the city. This helps the city prioritize the identified needs to create goals and form a strategic plan. The 2025 Annual Action Plan outlines proposed activities to utilize the 2025 CDBG funding estimated to be \$350,000 from the U.S. Department of Housing and Urban Development (HUD). The City of Bismarck's 2025 program year begins on June 1, 2025, and ends on May 31, 2026. CDBG funds may be spent on activities related to housing, neighborhood improvements, public services, economic development, and public facilities.

Written 30-Day Comment Period: The 2025-2029 CDBG Consolidated Plan and 2025 Annual Action Plan written public comment period runs from April 11-May 11, 2025. The draft 2025-2029 CDBG Consolidated Plan and 2025 Annual Action Plan is available online at <https://www.bismarcknd.gov/1041/ HUD-Grant-Programs>, or at the City of Bismarck Community Development Department, 221 North 5th Street, Bismarck, ND, 58503.

Public Hearing: A public hearing will be held at the Community Development Department in the David Blackstead Conference Room, City-County Office Building – 2nd Floor, 221 North 5th Street, Bismarck, ND, on April 15, 2025, at 5:00 pm. Public comments may be submitted to the City of Bismarck Community Development Department, 221 North 5th Street, Bismarck, ND, or to hbalzum@bismarcknd.gov until May 11, 2025, for those that are not able to attend the public hearing.

To request accommodations under the Americans with Disabilities Act to attend or participate in any public meeting, and/or to obtain this notice in alternate formats, contact the Planning Department at 701-355-1840 as soon as possible before the meeting. Auxiliary aids and services are available upon request to individuals with disabilities or with limited English proficiency using TTY/TDD equipment via Relay North Dakota at 711 or 1-800-366-6888/TTY, 1-800-366-6889/English or 1-800-435-8590/Spanish.

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4/11 - #####



**Minutes for a Public Hearing on the
City of Bismarck's Draft 2025-2029 Community Development Block Grant (CDBG)
Consolidated Plan**

Staff present: Hilary Balzum and Daniel Nairn

Time: Wednesday, April 15, 2025, at 5:00 pm

Location: David J. Blackstead Conference Room, City-County Office Building, 221 North 5th Street, Bismarck, ND.

Ms. Balzum opened the meeting and provided a sign-in sheet and Title VI surveys for visitors. The front door to the City-County Office Building was unlocked in preparation for the meeting, and it was advertised in the Bismarck Tribune and the City of Bismarck CDBG program web page.

Staff waited until 6:00 pm and with no members of the public attending to provide comments, the meeting was closed.



Broadband Connection Consultation 2024

The City of Bismarck's 2025-2029 CDBG Consolidated Plan works towards closing the "digital divide" that continues to be a priority where internet access may be limited. This brief survey will help the City of Bismarck's Community Development Department plan and better respond to this community need.

1. Generally, why do people not subscribe to internet?

Income limitations/Affordability

Absence of broadband and basic internet infrastructure

General resistance to the digital age/resistance to change Lack of digital literacy skills

Relevancy (internet not necessary to daily living)

Other (please specify)

2. In your experience, what are the main challenges/obstacles of broadband access for low- and moderate-income households?

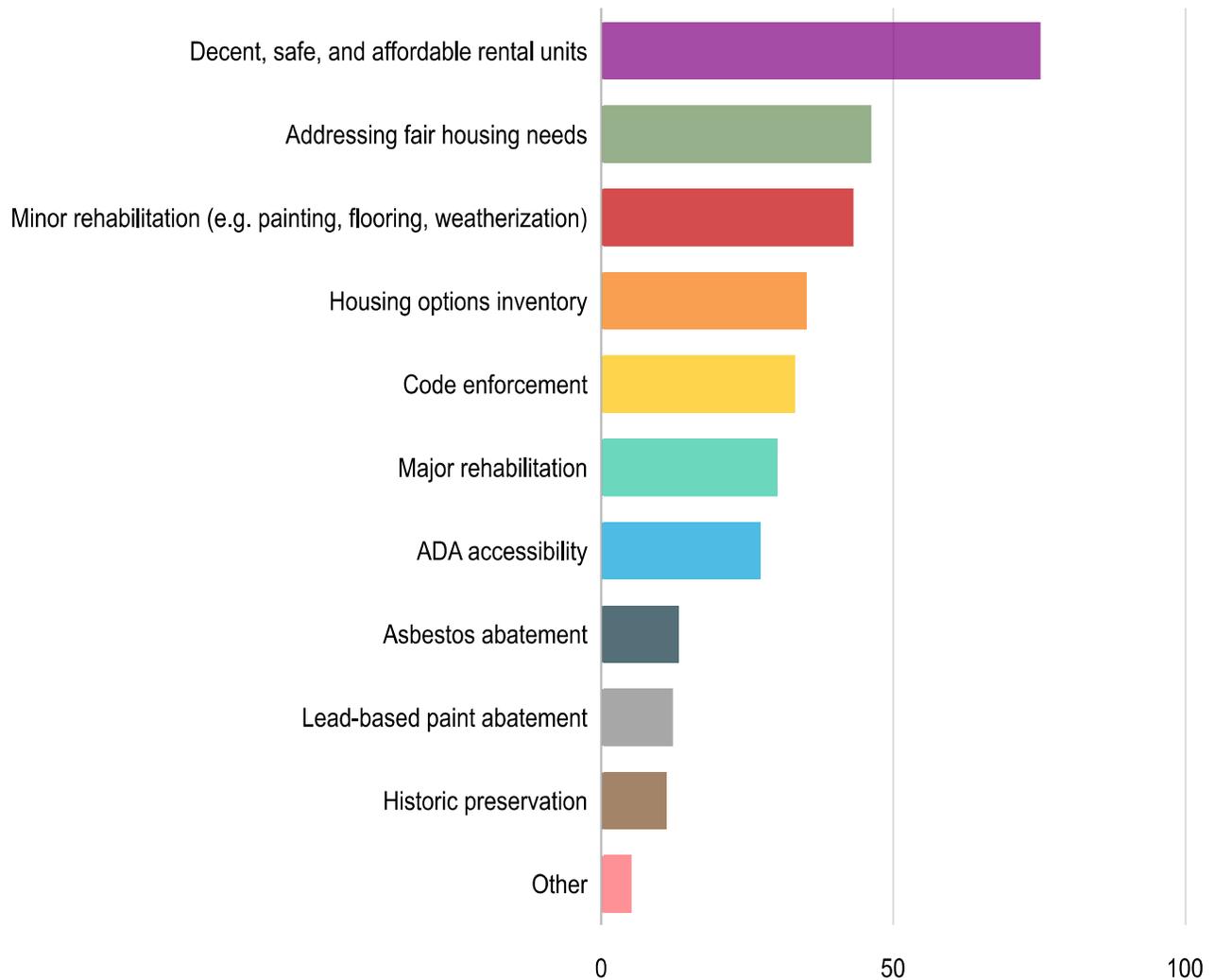
3. In your experience, are there areas of the city with a substantially lower broadband adoption rate? If so, which areas and why?

4. How can the City of Bismarck help bridge the digital divide or play a part in bringing unconnected communities online?

5. Does your company offer any special broadband outreach plans for people/customers experiencing various challenges, such as AARP member discounts, on-going education and free access etc.? Please explain.

CDBG Community Survey

Which of the following do you believe are housing needs in Bismarck?



Response

Count

More programming for the homeless population.

1

mold inspections, rebuilding foundation for older homes/rental homes

1

Homeless population-get them off the streets and out of our town. It is not our responsibility to take care of them.

1

Affordable homes and lower property taxes.

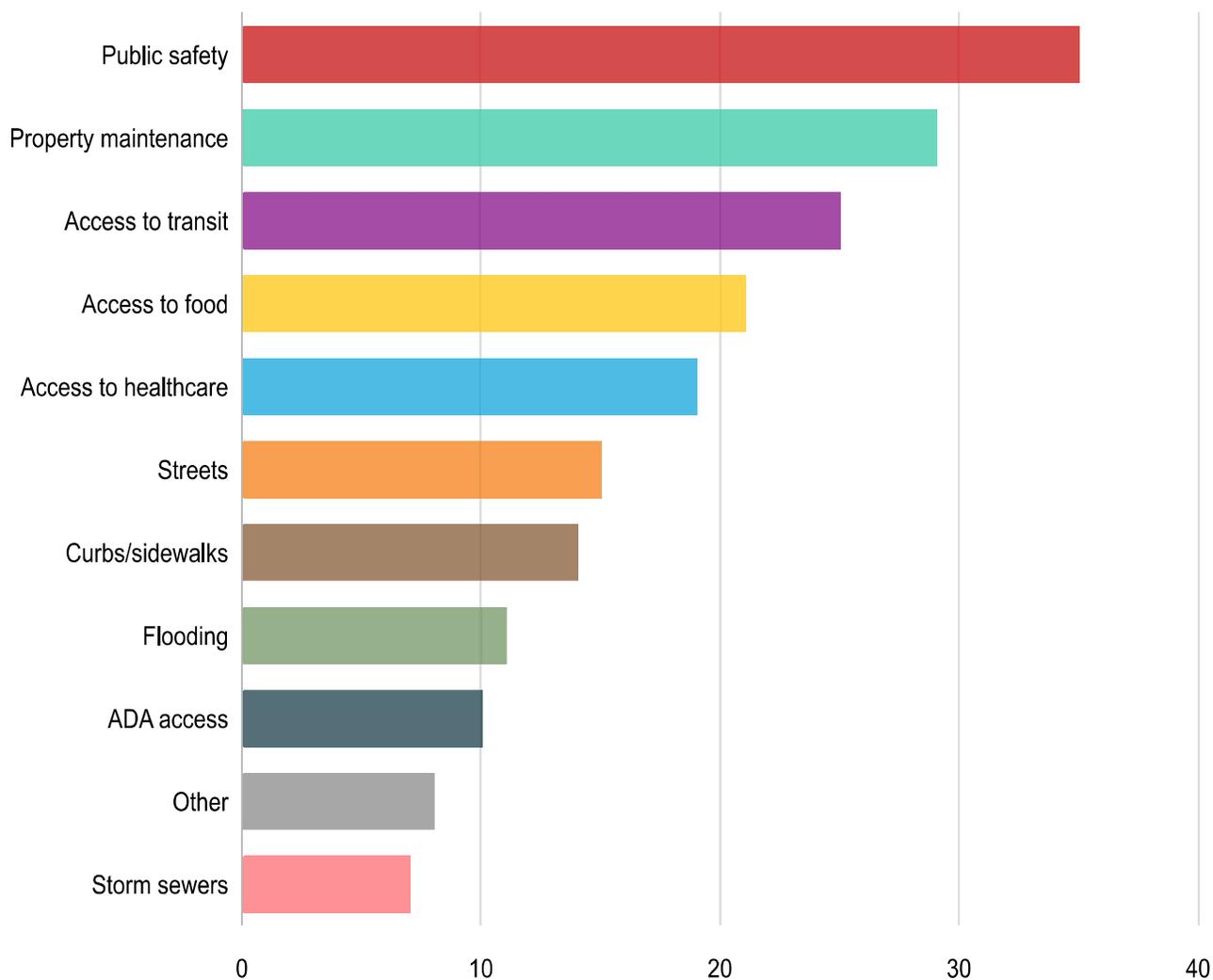
1

"Fair housing needs" is listed, but in particular housing for sex offenders. Whether I agree or not, housing is a basic human necessity and there needs to be available housing for those that do register as of fenders.

1

Answered: 95 Skipped: 4

Are there any problems in your neighborhood with the following?



Response

Count

STREET LIGHTS

1

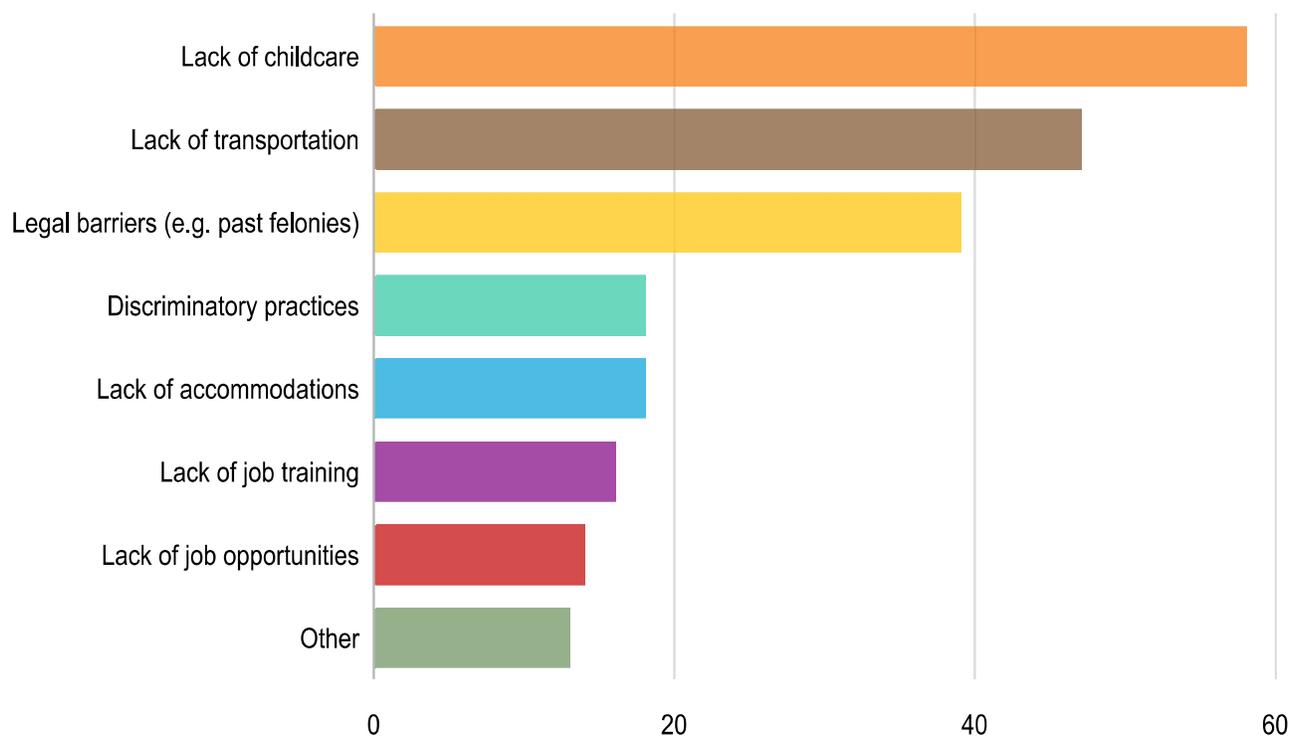
None. All good.

1

Marked crosswalks leading to walking path along Burleigh Ave.	1
Homeless population-not safe to walk or drive. While driving my son had people jump on his car to try and get him to stop. I won't walk after dark.	1
Homeless	1
Access to housing for felons, people with low credit	1

Answered: 70 Skipped: 29

Which of the following are employment issues in Bismarck?



Response

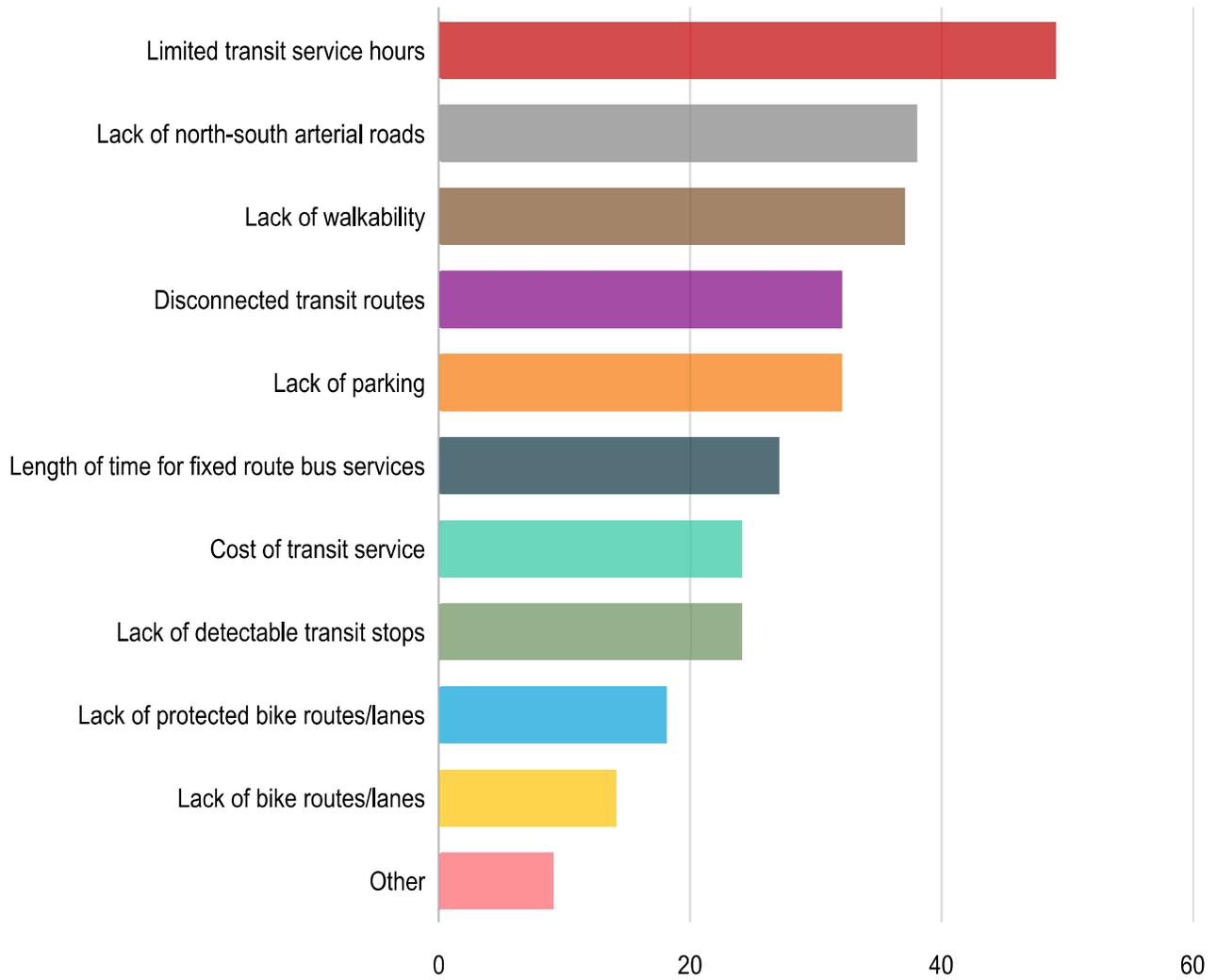
Count

wages are not high enough to support rent or house payment without working multiple jobs	1
There are jobs-the people that aren't working is because they don't want to work.	1
The attitude that "there are people hiring everywhere go get a job" without thinking about what it costs to GO to work. Transportation, childcare, perhaps clothing budget for specific dress code, education. A FT job at \$16 cannot pay for all that.	1

Salaries do not cover expenses	1
People not wanting to work.	1
low wages	1
language barriers for those trying to obtain transportation and legal documents/hospital documents	1
Language barriers - employers not having adequate translation services on-staff to work with potential employees whose first language is not english.	1
Lack of workers, or at least those willing to work.	1
Lack of people wanting to work	1
Lack of computer skills to apply for jobs online.	1
city government jobs do not pay enough for the high cost of living in the area	1

Answered: 90 Skipped: 9

Which of the following are transportation issues in Bismarck?



Response

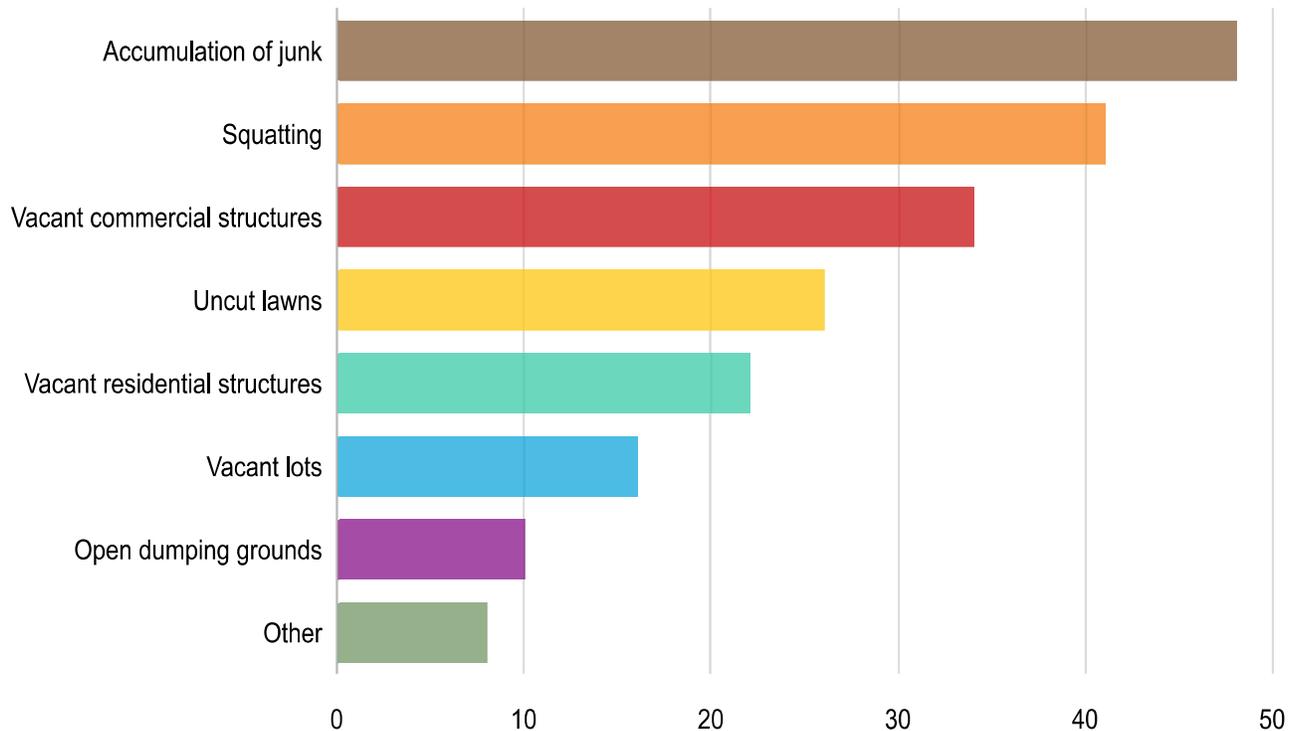
Count

We need another way to get out of Lincoln and into Bismarck!!!!!! Increased safety measures at dangerous intersections (Hwy 10/Main and Bis Expy). Affordable sober ride options to decrease DUI. People's attitudes about bikes on the road.	1
Ridiculous amount of road construction during the summer, that congest traffic.	1
None. It's all good.	1
Lack of parking downtown to get cars off the streets and into lots or parking ramp.	1
Lack of Affordable Parking	1
High volume of crashes compared with the rest of the state. I'd like to see increased traffic enforcement. We're too lax on traffic violations because of insufficient police staffing.	1

Bus system is complicated and long wait times.	1
Bad drivers on there phone	1
backups/congestion on one lane roads for miles at peak time	1

Answered: 92 Skipped: 7

Which of the following are blight issues in Bismarck?



Response

Count

Trash. Blown around from wind. People not caring or thinking "someone else's job". So, so many empty commercial spaces downtown. Homeless in the parks or downtown area. Does not promote feeling of safety when several camped out under trees or on benches.	1
Tent Cities-24th Street across from Ministry on the Margins, Broadway by Sanford	1
None.	1
lack of low barrier shelter causes people to seek shelter in public places. Mobile home parks on East Broadway Avenue and East Thayer Avenue.	1

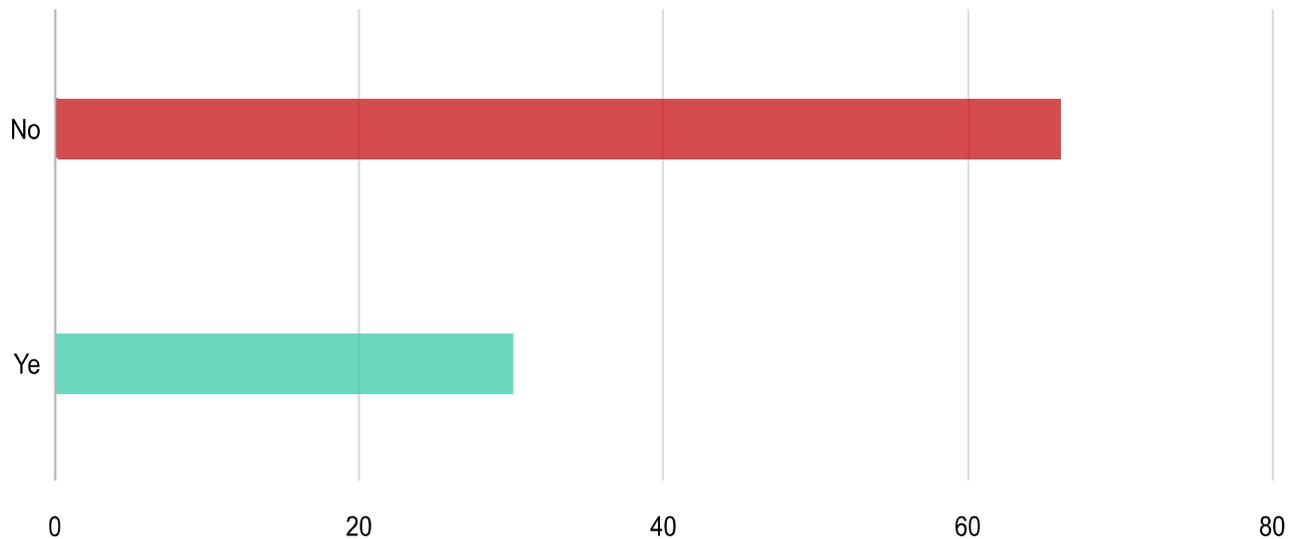
Street sweepers sweeping all of Bismarck more than once a season in some areas and other areas are swept several times a season. The need for more police officers to take care of traffic control because the drivers in Bismarck have no regards for speed limits or running red lights.	1
Sober living housing and affordable rent for people.	1
Services of all kinds for the unhoused. LGBTQ2+ protections against discrimination and bias.	1
Rental assistance Affordable family housing Family shelters or transitional living facilities	1
Rent assistance. Transitional housing. Emergency shelter. Housing for transition aged youth who are kicked out/pushed out.	1
Public health and public transit could always use more funding. More affordable housing and a low-barrier shelter would be beneficial too	1
Programs that assist with transportation for families are missing. It is nearly impossible for families with small children to use public transportation in order to get to daycare and then to work after.	1
Police.	1
Police department is underfunded	1
No. Just fix roads and actually paint the street lines.	1
No. There are homeless shelters. It is not the responsibility of tax payers to take care of those that are unwilling to help themselves by getting jobs. Send them back to the countries they belong to. Thanks Biden!	1
No meter parking outside of Heratview	1
Need to find out the root problems are then address things. Just to feed and house people does not prevent them to be in the same place next year. How can we help them be a better person today than they were yesterday.	1
n/a	1
mitigation for homeless individuals that are removed from public property due to no camping ordinance. The city should fund employees to assist with helping the homeless and provide housing.	1
Low barrier homeless shelter. Community triage center that provides medical detox services to assist with addiction and recovery services.	1
Low barrier emergency homeless shelter. Rent assistance	1

Just affordable, safe housing for young adults and/or persons on limited incomes. There just are not enough options. Our adult working children are unable to afford rent in this town.	1
I WANT TO RETIRE- I AM 59 AND CANNOT RETIRE ? WHERE CAN I LIVE AND FEED AND CARE FOR MYSELF. I CANNOT AFFORD 1500 FOR RENT - THIS TOWN HAS NO AFFORDABLE LIVING FOR OLDER PEOPLE THAT IS SAFE ?? NOWHERE IS SAFE ANYMORE	1
I think Bismarck has started to do a great job updating the streets and sidewalks! keep up the good work! There's a lot to do ;)	1
I think additional dog parks would be beneficial for the city. There are so many citizens who have dogs, yet only a very tiny amount of enclosed spaces for them to socialize and play with other dogs and pet owners. The leash laws are important in this city, but I would like additional areas for animals to run free, that doesn't involve a drive to the countryside or my own fenced property. Additionally, I would love to see further park development. There are many parks throughout the city, but some (Optimist Park) could use further development. A swingset would be a start. Additional play equipment. Etc. The parks are only so fun with minimal equipment.	1
Housing/programming for homeless population. Affordable housing that is safe.	1
Housing for homeless	1
housing and treatment opportunities for felons and low income families	1
Homeless!!!! It is not illegal to be homeless and anyone can be one disaster away from being homeless. We do not have enough shelter space. Homeless can at times go hand in hand with mental health and substance abuse. Lack of timely appointments for help. Lack of knowing where to go. Lack of funds. Mental health appointments are hard to get in a timely manner. Lack of providers. Licensed childcare services. Long wait lists. Some of us do not have a "village" to help and need quality, safe, affordable care for our children. Some sort of affordable transportation system for intoxicated individuals. DUI problem in ND. Too expensive for Uber/Lyft. I need my car in the morning, how am I going to get it? Lots of excuses. Support for single/only parents. Services/housing for registered offenders. Have always been in our communities and will continue to be. We have to accept it and provide services and housing. Basic human need. Education opportunities for adults that cannot afford college.	1
homeless shelter	1
Homeless services desperately need to be expanded.	1
Deposit assistance and the high financial requirements of a deposit	1
Community Event Space "Town Square"	1

Code compliance enforcement	1
Bismarck does not have a public Tornado/Blizzard/inclement weather shelter. Bismarck does not have a low barrier shelter where people can legally sleep.	1
Animal shelters	1
Anecdotally, housing discrimination against people of color and low-income folks is rampant. Beyond changing the attitudes of landlords, real estate agents, and lenders, there seem to be two major gaps that allow for this discrimination: (1) Based on my limited knowledge, there is little enforcement of fair housing rules, and (2) There is very little organized effort - in the form of public housing or community development corporations - that have an explicit mission of providing decent, affordable housing for low-income people and/or people of color. Fixed route public transit is functionally nonexistent in Bismarck. There have to be better ways. And despite a few new centrally located semi-walkable developments, the bulk of housing development in Bismarck is at the outer edges, further contributing to sprawl, diminishing walkability, and making it even more car dependent.	1
Addiction services	1

Answered: 39 Skipped: 60

Are you aware of how to report fair housing violations or concerns in...



Answers	Count	Percentage
---------	-------	------------

No	66	66.67%
----	----	--------

Yes	30	30.3%
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Answered: 96 Skipped: 3

Where you would report a fair housing violation?

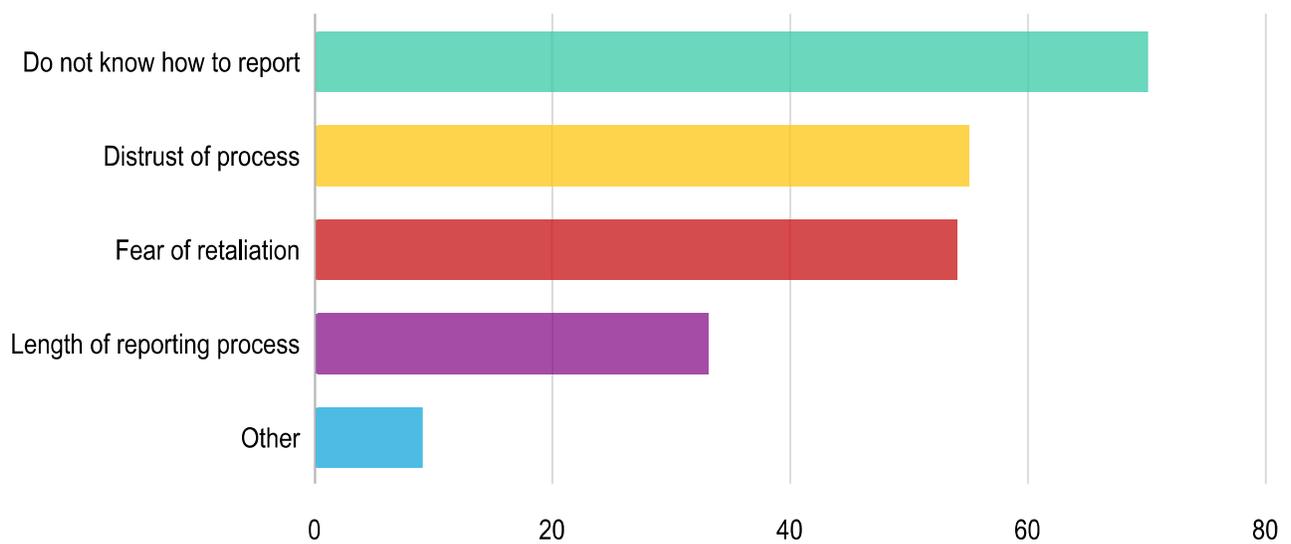


Response	Count
ND Dept of Labor	2
Housing Department	2
High Plains Fair Housing	2
Yes	1
to the department of labor	1
The issue families face is if they report the landlord for housing violations that they will get kicked out and become homeless.	1
Nd fair housing	1
ND DOL and Human Rights	1
Inspections	1
Illegal eviction and overcharging tenants after they move out.	1

HUD's website - file a complaint	1
Housing authority	1
Google it	1
Federal Housing Authority	1
Fair Housing office	1
Fair Housing of Dakotas OR ND Housing Finance Agency	1
Department of Labor	1
City (building inspector)	1
Building department code enforcement	1
Brady Blaskowski	1
bismarck housing authority?	1
Attorney Generals office	1

Answered: 25 Skipped: 74

What do you think are the primary reason(s) why fair housing complaints are not...



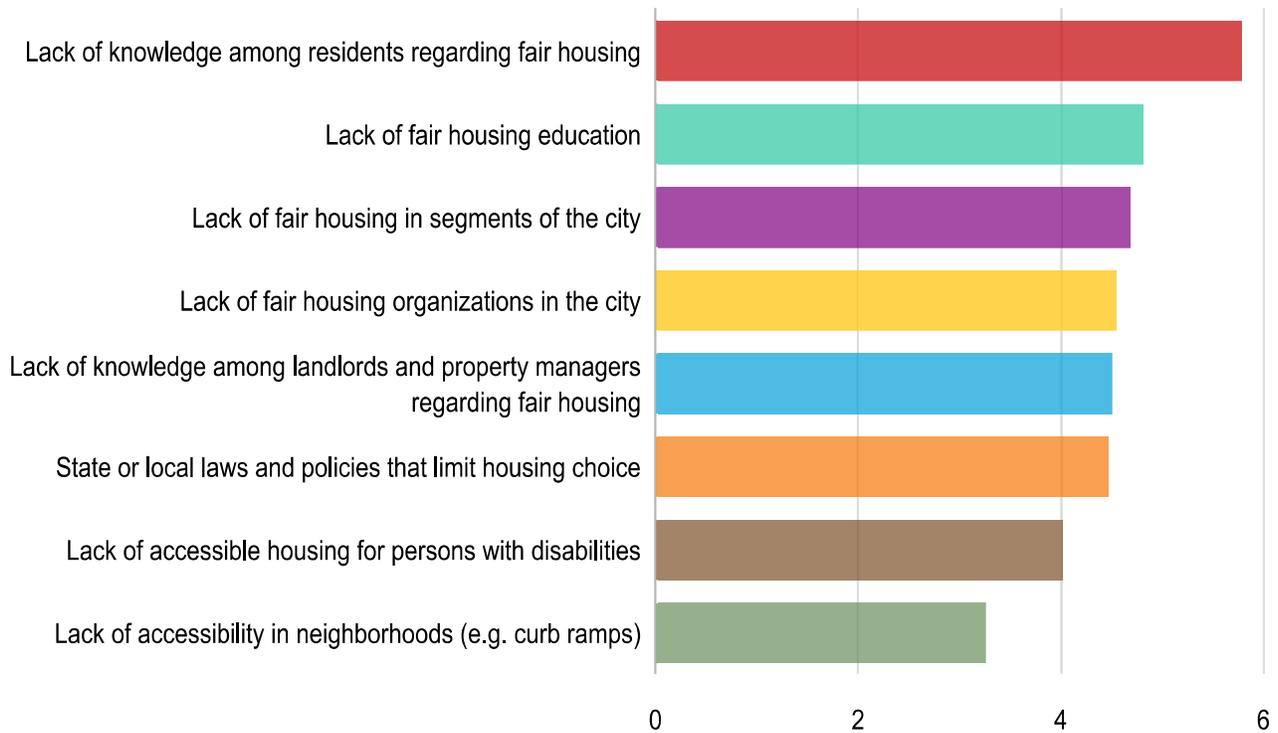
Response

Count

There are less then you wish there were.	1
no follow up when reported	1
May not have anywhere else to go, i.e. something crummy is better than being homeless.	1
laziness, someone else will do it	1
Language barriers. Tennant(s) engaged in criminal activity. Substance use/abuse.	1
Language barriers by tenants whose first language is not english.	1
Lack of accessibility/resources to be able to report complaints	1
Don't want to get excited by CHINESE landlord	1

Answered: 93 Skipped: 6

Which may result in discrimination and/or barriers to fair housing in Bismarck



Rank Answers

1 2 3 4 5

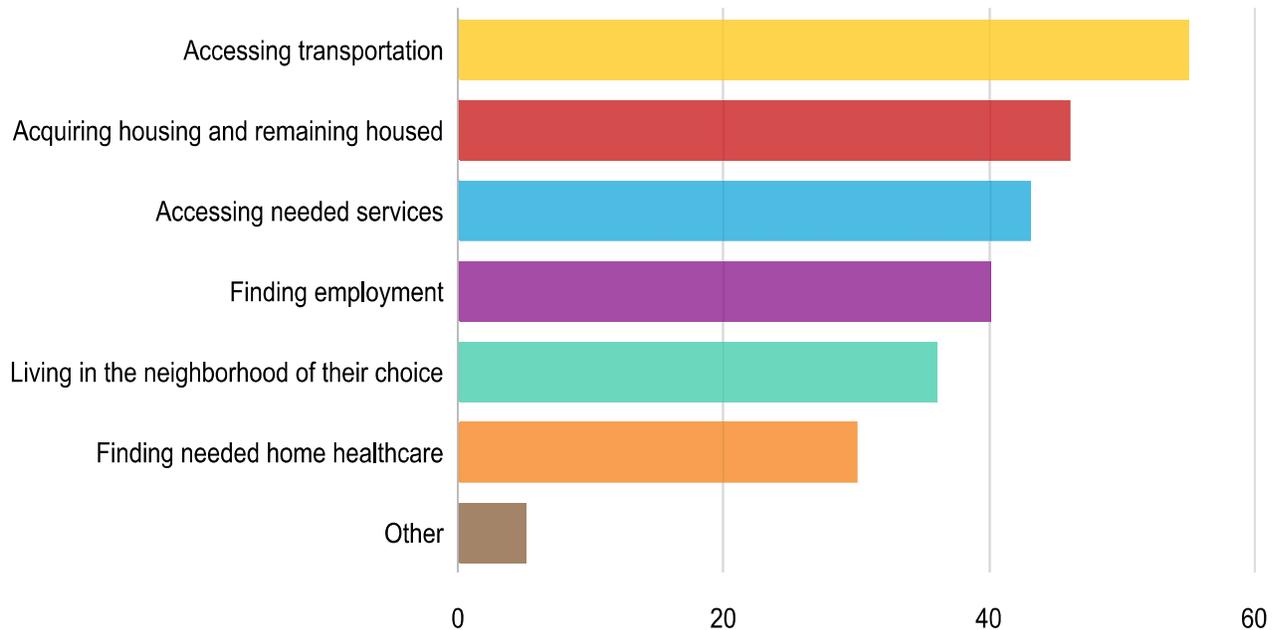
Average score

11 5 11 12 8

	11	5	11	13	8	9	10	
4	Lack of fair housing organizations in the city	10.53%	13.16%	18.42%	10.53%	10.53%	9.21%	4.51%
5	Lack of knowledge among landlords and property managers regarding fair housing	8	10	14	8	8	7	10
6	State or local laws and policies that limit housing choice	7	10	11	12	8	15.79%	4.46
7	Lack of accessible housing for persons with disabilities	5	10	4	10	13	11	12
	Lack of accessibility in	2	5	5	7	10	17.11%	3.25

Answered: 76 Skipped: 23

What are the principal challenges faced by persons with disabilities in Bismarck?



Response

Count

Social workers say they will help my old roommate and never return

1

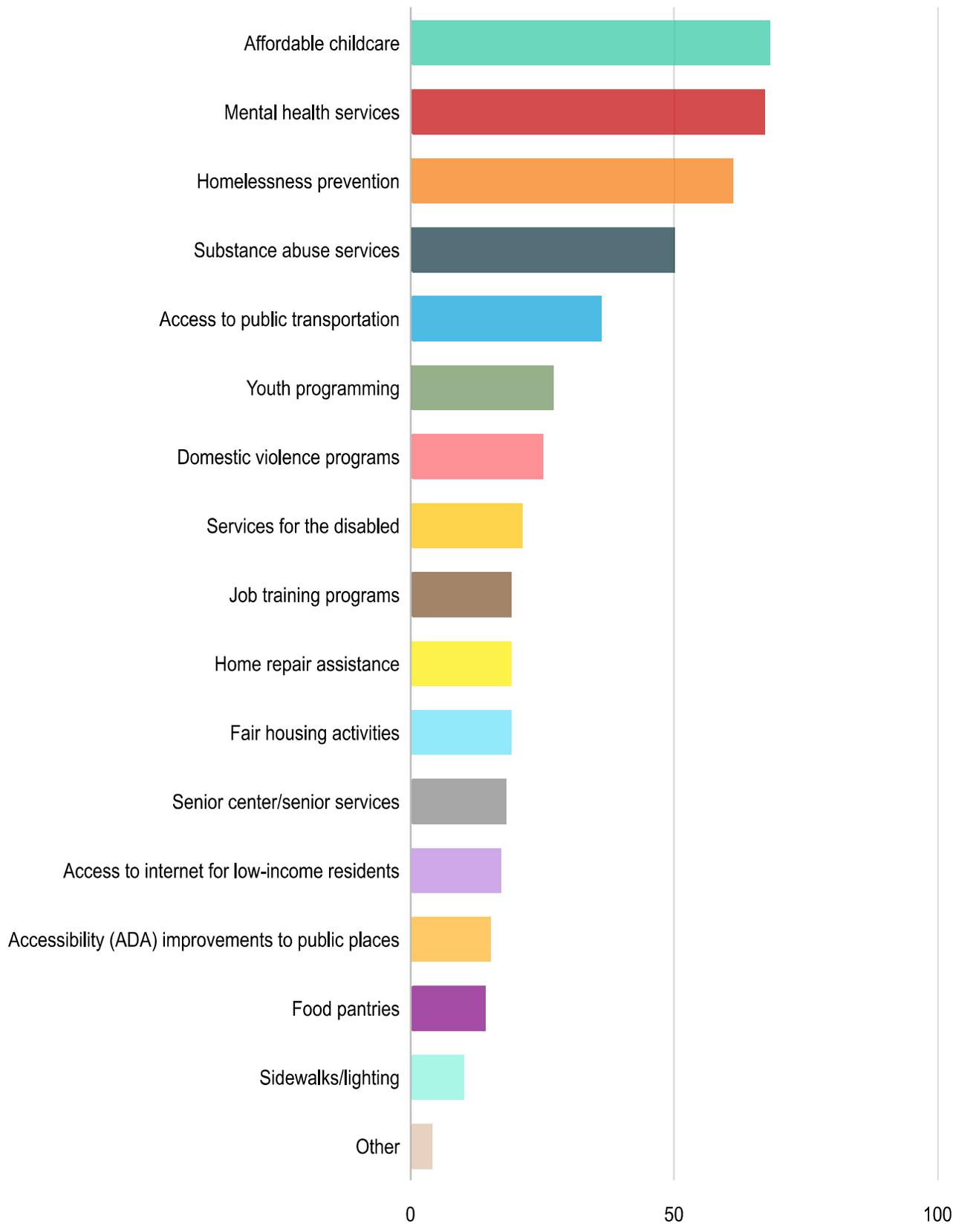
Portability/transport of items. Even if they can go grocery shopping, how do they get it home and up to the 3rd floor? Especially if have mobility issues. 1

I don't know. 1

I am not in a position to answer this question as I have no direct knowledge. 1

Answered: 79 Skipped: 20

Which program activities are the most important for Bismarck residents?



Response

Count

Parking

1

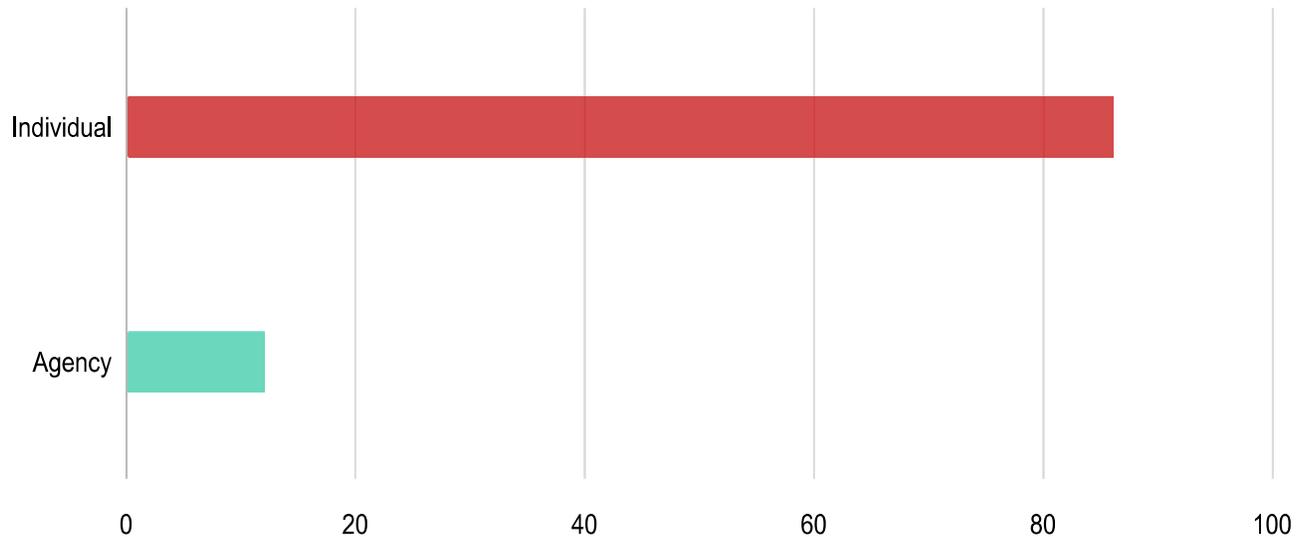
SAFE, AFFORDABLE - "NEWER" HOUSING WITH GARAGES. NO OLD HAGGARD OUTDATED DUMPS !!	1
safe and affordable housing.	1
Rise in cost of living. Rent has gone up, grocery/food has gone up and higher gas prices.	1
Rent/mortgage assistance. If help with money, can stay in their homes. Also to be a in a safe home where all services work properly and is not in an area of town that is known for high transient population, criminal activity and substance use/abuse.	1
rent control, slump landlords, more tenant rights, hard to fit larger property mgmt, RUBS violates your city regulation and city refuses to do anything, one sided laws, cannot say any thing due to retaliation by owners and property mgmt.	1
Relief for unfair utility costs and bloated rent	1
Pay city employees better so they are not low income	1
Obtaining and maintaining housing.	1
Neighborhoods with small starter homes, or more options with flexibility (duplexes, condos, etc).	1
More education on how the different programs work and how to access them.	1
Many need to stop wanting hand outs and go get a job instead of wondering around town.	1
maintain housing	1
How do we raise incomes? Increasing the minimum wage. Creating a state EITC or child tax credit?	1
Homelessness prevention and food and transportation	1
Homelessness prevention	1
higher wages, or lower rent / mortgage payments	1
Higher wages or lower cost of living	1
high quality housing that is attainable and dignifying in each part of Bismarck. This could be done by enhancing existing areas with low and moderate income households/targeted housing or ensuring that diverse housing types (including programmatic affordable housing) is established in every part of town.	1
Groceries	1

Getting a safe and affordable place to live, access to mental health substance abuse services	1
Finding ways to counter inflationary costs associated with basic needs, i.e. gas, groceries.	1
Curbing of skyrocketing goods and services increases. Property taxes inflating at unprecedented rates passing costs to the poor.	1
Childcare and affordable home prices	1
child care cost	1
Child care	1
BETTER WAGES	1
Better options in childcare, ride-sharing, affordable housing, mental health professionals.	1
being able to afford rent and still pay for food, trying to save money to purchase a house	1
Attainable housing and housing options. Life in Bismarck is expensive.	1
affordable rent or housing purchase.	1
Affordable rent in safe spaces	1
Affordable rent	1
Affordable housing.	1
Affordable housing, childcare	1
Affordable housing and lack of access to buying a house. i.e. Low Credit score being more important than the fact that rent is always paid.	1
affordable housing and better city transportation	1
Affordable food, shelter and gas.	1
Affordable family housing units	1
Affordable childcare and transportation.	1
Affordable child care and rent.	1
Affordable and safe neighborhood housing.	1

Affordability of everything!	1
Accessibility to fundamental needs (i.e., groceries, healthcare, etc.) near their home	1
Access to an affordable home.	1
A one-stop shop for in-person (phone or face-to-face) help. If that existed, they could then have more knowledge about transportation, affordable childcare so they can work and/or attend classes, and interpreting things like medical bills and other notices.	1

Answered: 58 Skipped: 41

Are you taking this survey as an individual or on behalf of an agency?

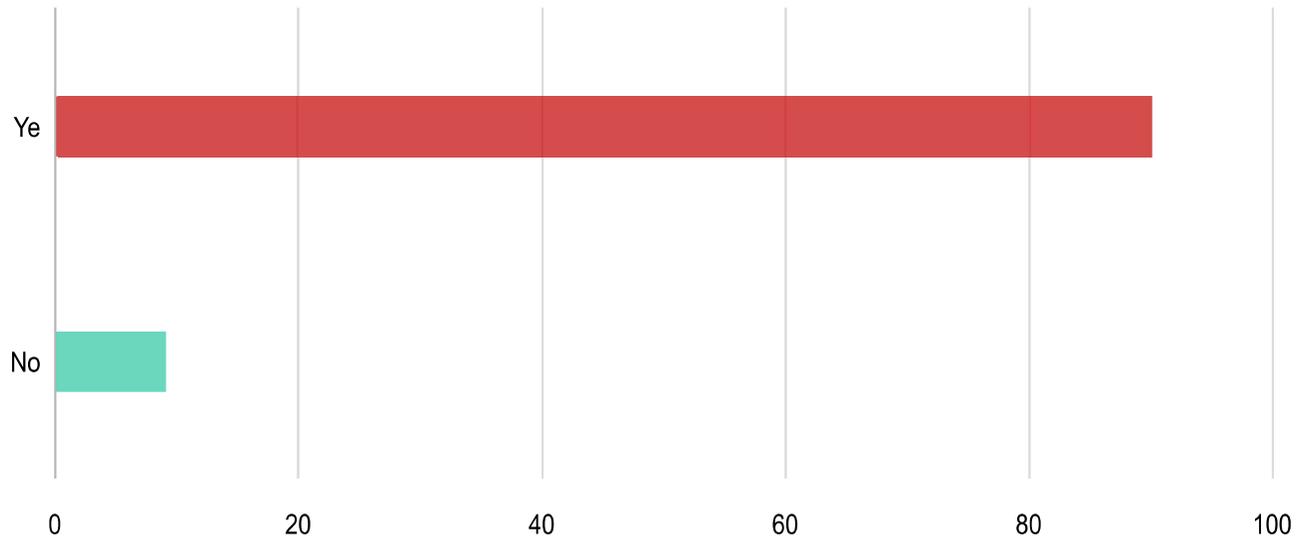


Answers	Count	Percentage
---------	-------	------------

Individual	86	86.87%
Agency	12	12.12%

Answered: 98 Skipped: 1

Are you located within city limits of Bismarck?



Answers

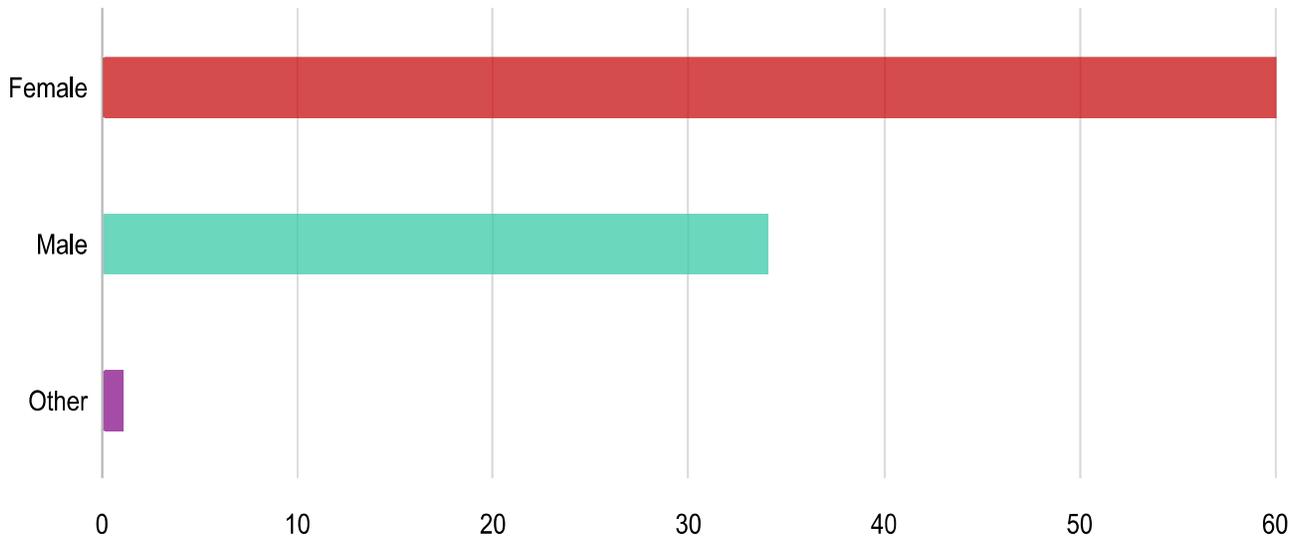
Count

Percentage

Yes	90	90.91%
No	9	9.09%

Answered: 99 Skipped: 0

What is your gender?



Answers

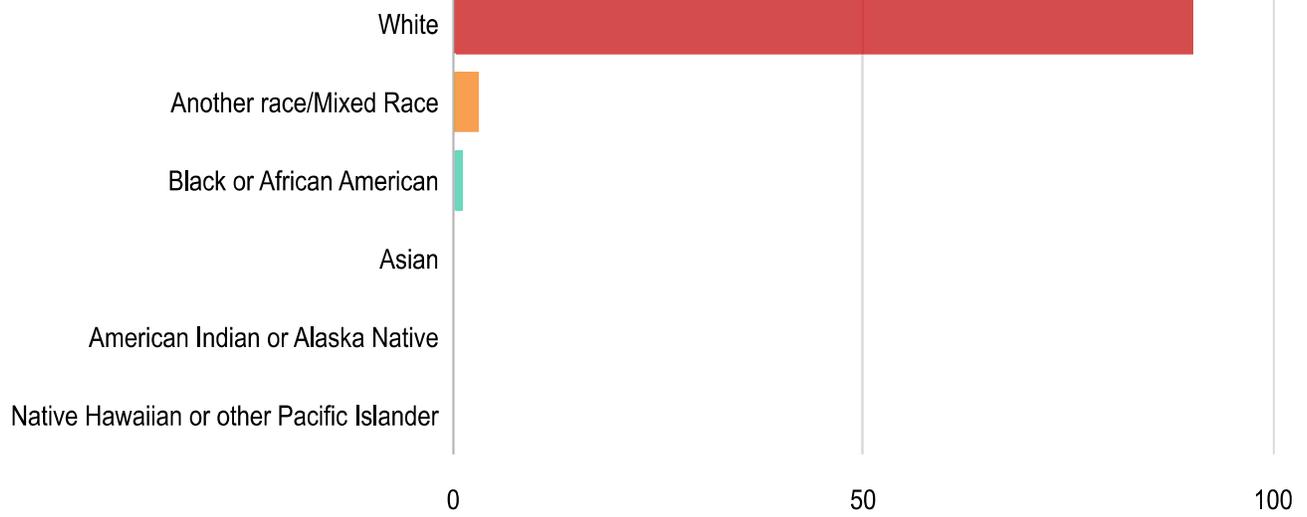
Count

Percentage

Female	60	60.61%
Male	34	34.34%
Other	1	1.01%

Answered: 95 Skipped: 4

What is your race?



Answers

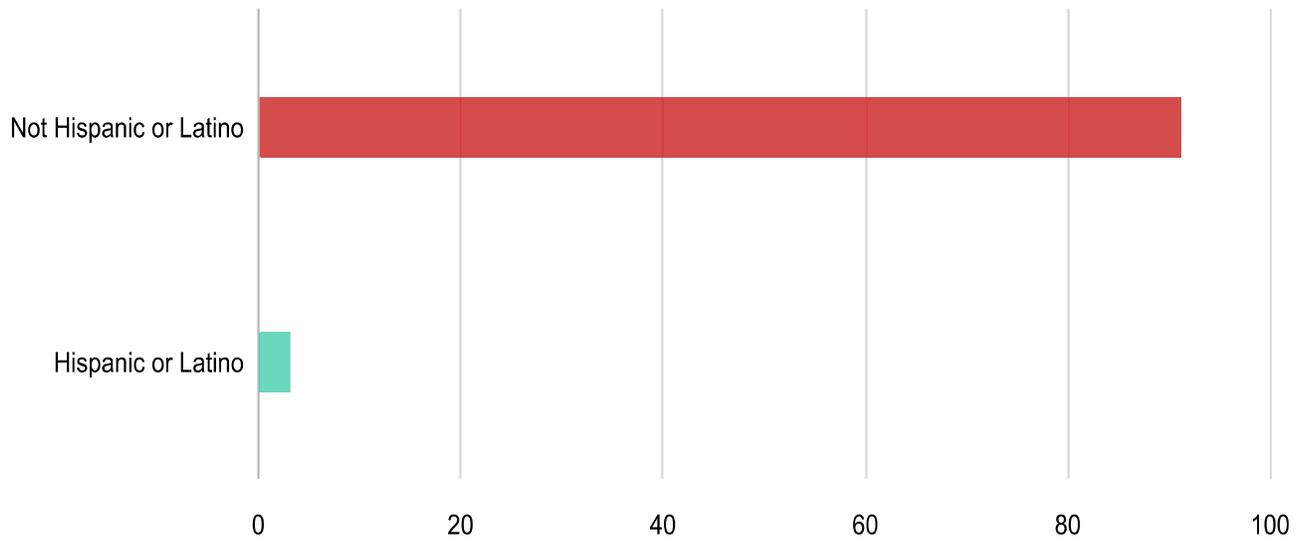
Count

Percentage

White	90	90.91%
Another race/Mixed Race	3	3.03%
Black or African American	1	1.01%
Asian	0	0%
American Indian or Alaska Native	0	0%
Native Hawaiian or other Pacific Islander	0	0%

Answered: 94 Skipped: 5

What is your ethnicity?



Answers

Count

Percentage

Not Hispanic or Latino

91

91.92%

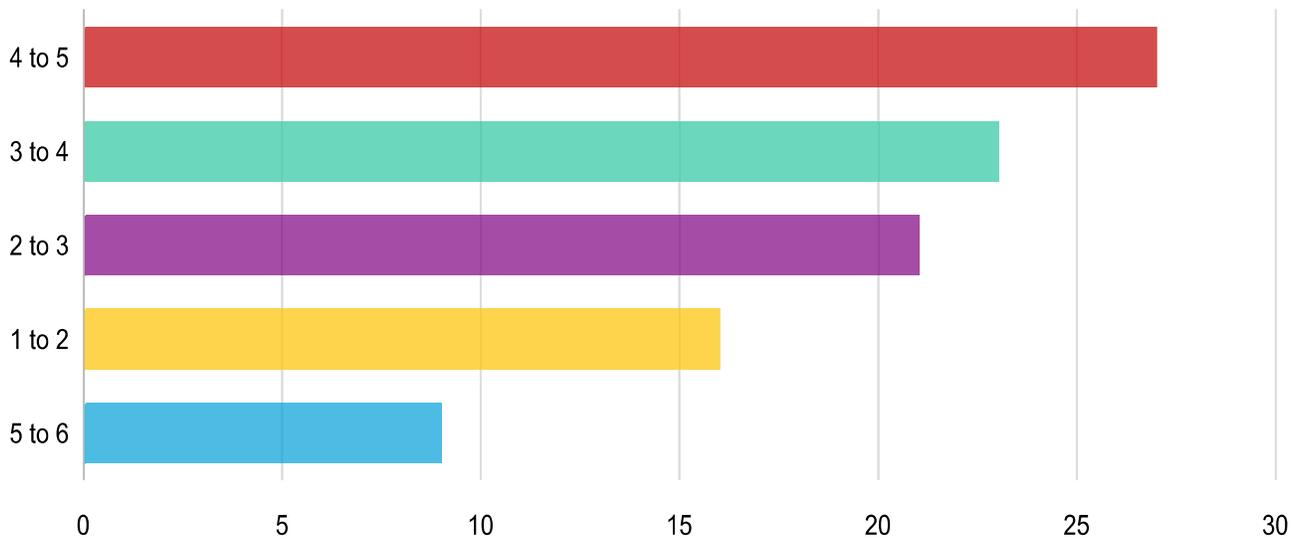
Hispanic or Latino

3

3.03%

Answered: 94 Skipped: 5

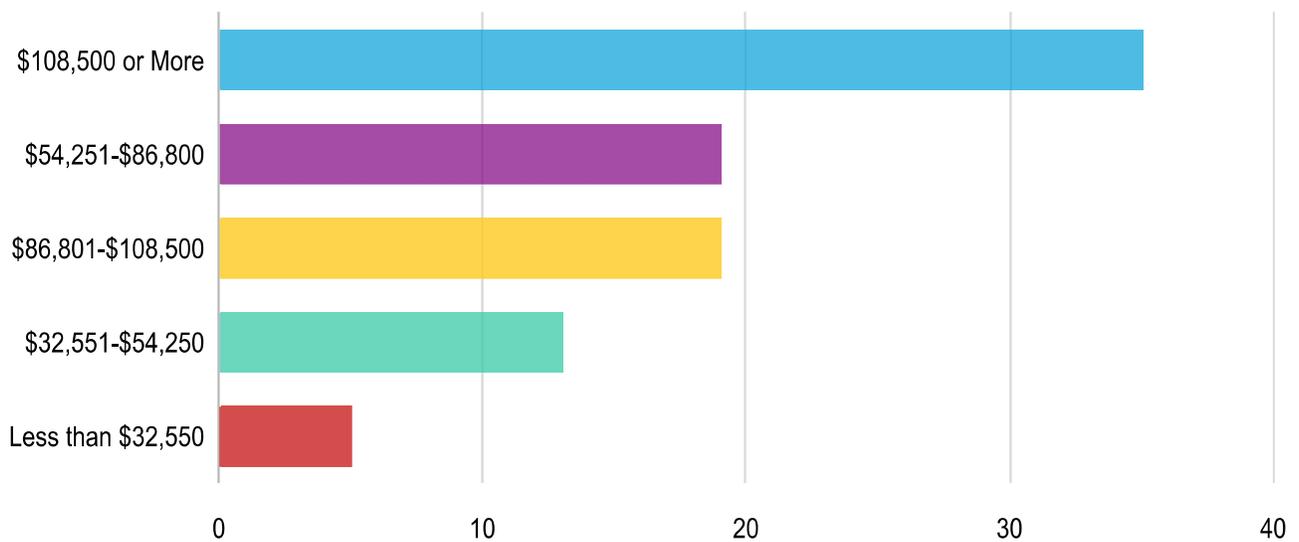
How many people live in your household?



Stats**Value**

Min.	1
Max.	6
Avg.	2.9375
Sum.	282

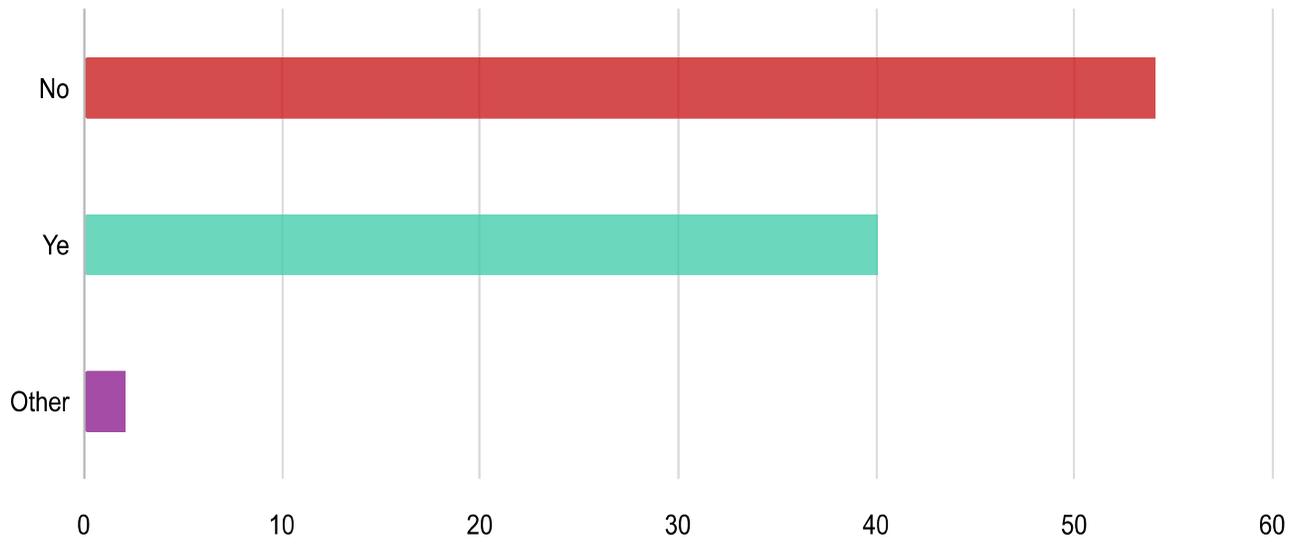
Answered: 96 Skipped: 3

What is your total current household income?**Answers****Count****Percentage**

Answers	Count	Percentage
\$108,500 or More	35	35.35%
\$54,251-\$86,800	19	19.19%
\$86,801-\$108,500	19	19.19%
\$32,551-\$54,250	13	13.13%
Less than \$32,550	5	5.05%

Answered: 91 Skipped: 8

Do you feel there is sufficient housing options in Bismarck for households at...



Answers

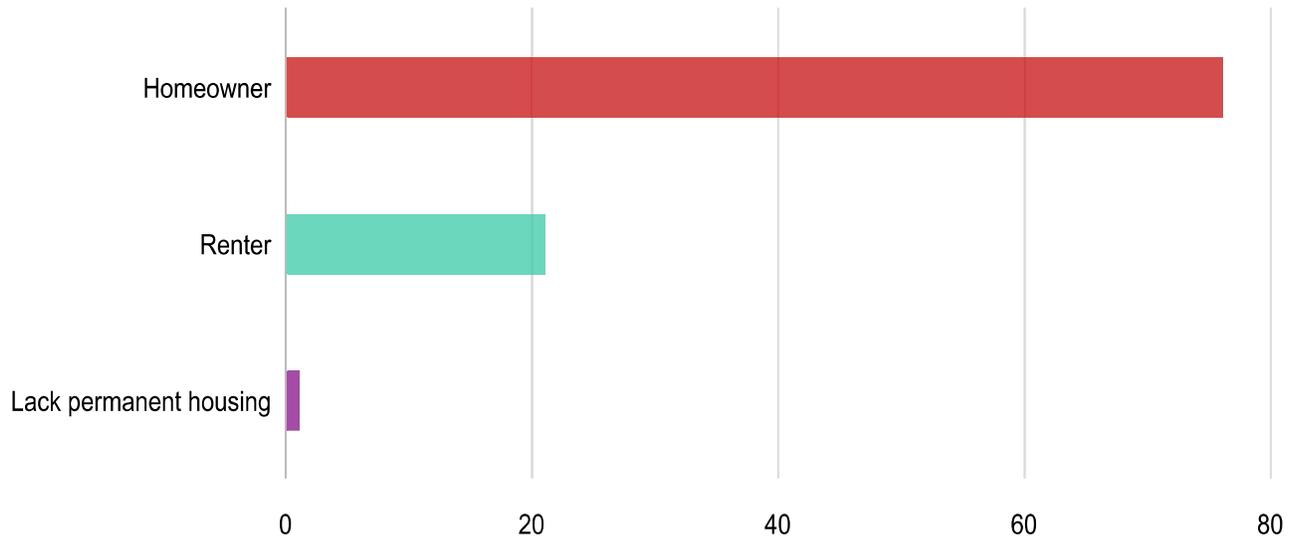
Count

Percentage

No	54	54.55%
Yes	40	40.4%
Other	2	2.02%

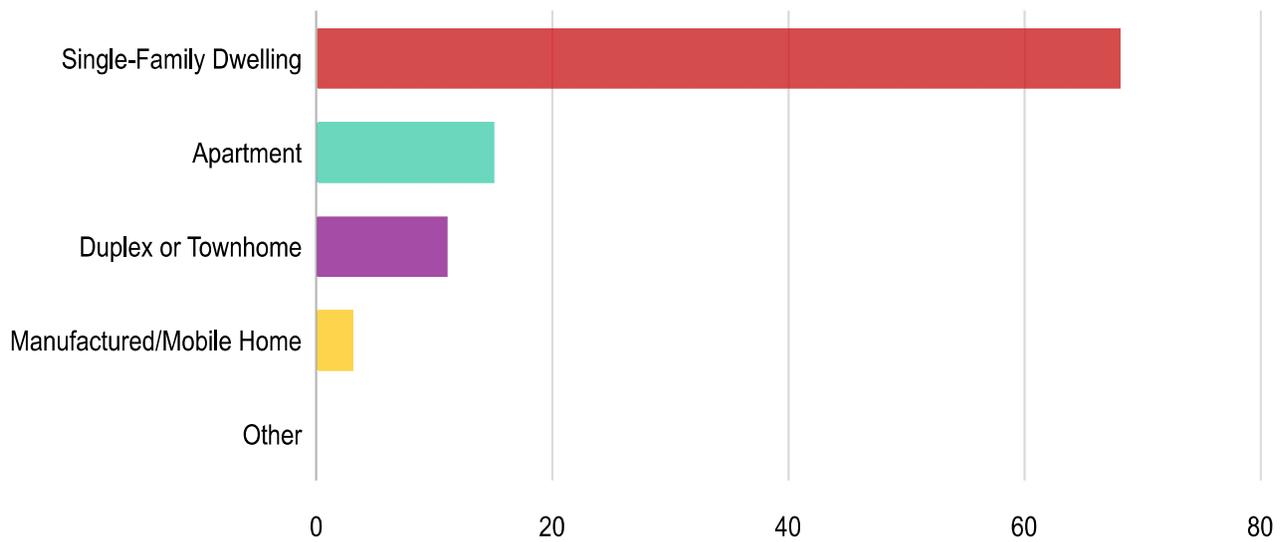
Answered: 96 Skipped: 3

What is your current housing status?



Answered: 98 Skipped: 1

What type of home do you live in?



Answers

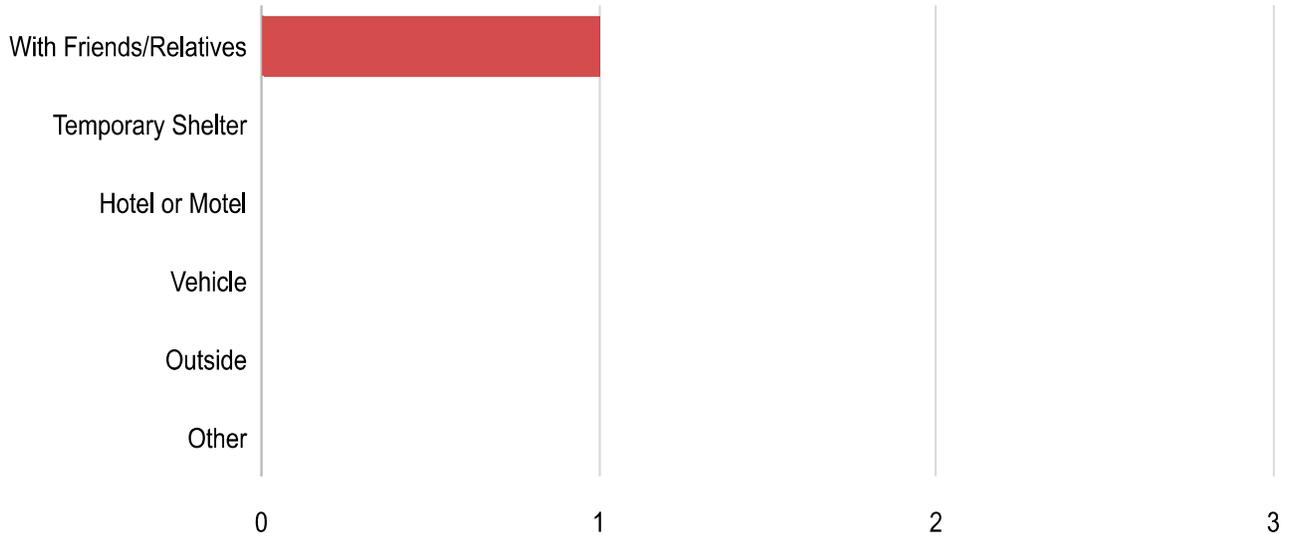
Count

Percentage

Single-Family Dwelling	68	68.69%
Apartment	15	15.15%
Duplex or Townhome	11	11.11%
Manufactured/Mobile Home	3	3.03%
Other	0	0%

Answered: 97 Skipped: 2

Where do you sleep in a typical night?



Response

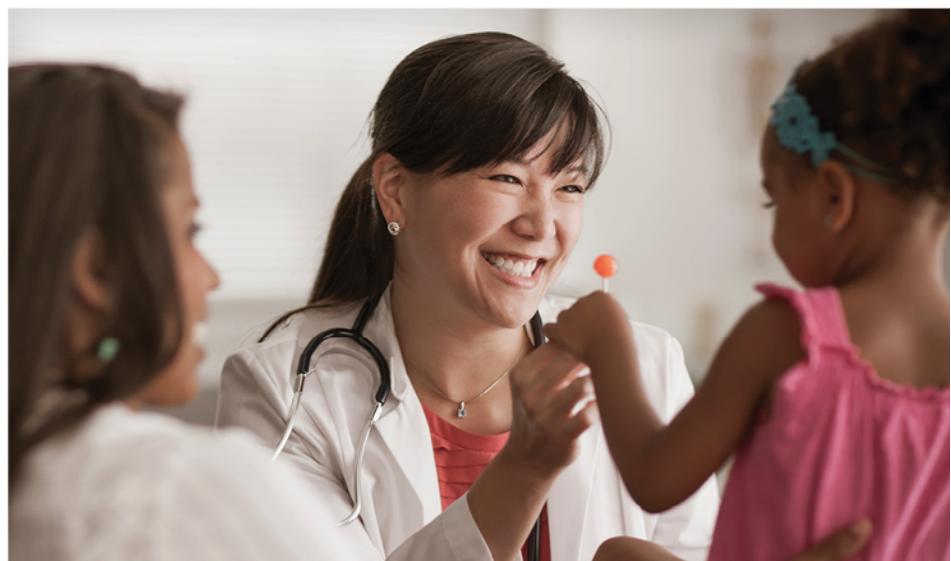
Count

Answered: 1 Skipped: 98



Community Health Needs Assessment

SANFORD BISMARCK MEDICAL CENTER
2022-2024



Dear Community Members,

Sanford Medical Center Bismarck is pleased to present the Community Health Needs Assessment (CHNA). Sanford Health completes a community health needs assessment every three years. It is through this work that we identify unmet health needs in the community, and then strategically plan how to best address those needs. This process is well aligned with Sanford's vision to improve the human condition.

From December 2020 to February 2021, members of the community were invited to complete a survey to help identify unmet health needs across a range of social determinants of health. Sanford Health and the NDSU Center for Social Research partnered to analyze the data from the primary research along with key secondary data points from County Health Rankings. Sanford also facilitated discussions with key stakeholders in each community to prioritize the identified needs.

As a result of this process, we will address the following health needs in a formalized implementation strategy for the 2022-2024 time period:

- Improve access to behavioral health services.
- Improve access to affordable care

The CHNA process also focused on the many strengths and resources available in our community. This report includes an overview of the community assets that are available to address various community health needs. We have also included an impact report from our 2019 implementation strategies.

We are committed to extending care beyond our bricks and mortar, and ultimately improving the health and wellness of our entire community. We are committed to improving the quality of life for all Bismarck area residents. We invite you to join us and thank you for your support of these ongoing efforts.

Sincerely,

Michael LeBeau, M.D.
President and Chief Executive Officer
Bismarck Medical Center

Todd Schaffer, M.D.
Vice President, Clinic/Incoming President and Chief Executive Officer
Bismarck Medical Center

BACKGROUND

Community Description

Sanford Bismarck Medical Center is located in Bismarck, North Dakota. Bismarck is a diverse, dynamic, family-oriented community in central North Dakota. The community is experiencing fast-paced growth as a direct result of oil development throughout western North Dakota. The U.S. Census named it as one of the 50 fastest growing metro areas in the country.

Bismarck is the second-largest city in the state with over 72,000 residents and the adjoining city of Mandan has 22,000 residents. Bismarck is the state capital and also serves as home to Bismarck State College, the University of Mary, and several of the state's top businesses. The community offers quality schools, excellent medical care, plentiful recreation possibilities, community involvement opportunities, and neighborhood support. Bismarck was designated an All-American City in 1997, and the Bismarck MSA has been named a "Five Star Community" by Expansion Management magazine multiple times.

Bismarck is situated on the Missouri River, giving community members access to various water-based activities including fishing, boating and waterfront recreation. The riverfront is an important part of its rich history of exploration and adventure - the community and nearby areas are part of the Lewis and Clark Trail and home to several Native American historical sites and Fort Abraham Lincoln State Park.

Spurred by strong agriculture industry and a booming oil industry, North Dakota is the third strongest oil producing state in the U.S. North Dakota is enjoying an economy that is as good as or better than any other in the country. The community of Bismarck is home to an innovative medical community, a vibrant energy industry, and a host of technical service companies.

The community as defined for purposes of the Community Health Needs Assessment includes Burleigh and Morton counties in North Dakota. Demographic detail for the counties is included in the appendix.

Partners

The Community Health Needs Assessment is the result of the hard work and coordination of numerous people within the organization and among community partners. Sanford Health would like to thank and acknowledge the following for their assistance. The development of the program would not have been possible without their expertise regarding the communities and populations we serve.

Sanford Health

- Michelle Micka, System Vice President, Finance, Health Services
- Dr. Jeremy Cauwels, System Vice President, Chief Physician
- Dr. Michael LeBeau, Sanford Bismarck President and CEO
- Dr. Todd Schaffer, Sanford Bismarck Clinic Vice President
- Dr. Chris Meeker, Sanford Bismarck Chief Medical Officer
- Wendy Kopp, Sanford Bismarck Chief Nursing Officer
- Fred Fridley, Sanford Bismarck Operations Vice President
- Kirk Cristy, Sanford Bismarck Chief Financial Officer
- Corey Brown, System Vice President, Government Affairs
- Clarence Mellang, Senior Director, Communications
- Michelle Bruhn, Senior Vice President, Health Services Operations
- Blayne Hagen, Executive Director, Legal

- Stacy Wrightsman, Executive Director, Community Relations
- Matt Ditmanson, Director, Community Benefit Programs
- Emily Griese, Vice President, Population Health and Clinical Operations
- Marnie Walth, Senior Legislative Affairs Specialist
- Joseph Beaudreau, Patient Relations Specialist and Indian Health Advocate
- Phil Clark, Director, Market Research
- Shawn Tronier, Senior Marketing Analyst
- Amber Langner, Vice President, Treasury
- Catherine Bernard, Director, Tax
- Deana Caron, Senior Tax Accountant

System Partners

We would also like to express our gratitude to the following individuals for their expertise during the development and analysis of the Community Health Needs Assessment:

- Renae Moch, Director, Bismarck Burleigh Public Health and President, North Dakota Public Health Association
- Erica Solseth, CHI St. Alexius Health
- Erin Ourada, Administrator, Custer Health
- Sister Nancy Miller, CHI St. Alexius Health
- Jeanne Larson, Executive Director, Northern Dental Access Center
- Carol Biren, Division Director, Southwest Health and Human Services
- Cynthia Borgen, Director, Beltrami County Public Health
- Mary Michaels, Public Health Prevention Coordinator, Sioux Falls Department of Health
- Jennifer Nelson, Public Health Educator, Southwest Health and Human Services
- Julie Ward, Vice President of Strategy and Social Innovation, Avera Health
- Jody Lien, Director, Ottertail Public Health
- Karen Pifher, Community Health Program Manager, Essentia Health
- Lori Jensen, Public Health Nurse Beltrami County Health and Human Services
- Nancy Hodur, Director, North Dakota State University Center for Social Research
- Karen Olson, Research Specialist, North Dakota State University Center for Social Research

Bismarck Partners

We express our gratitude to the following community collaborative members for their participation in the community stakeholder meeting:

- Renae Moch, Director, Bismarck-Burleigh Public Health Director and North Dakota Public Health Association
- Erin Ourada, Administrator, Custer Health
- Erica Solseth, CHI St. Alexius Health
- Theresa Schmidt, Nurse Manager, Bismarck-Burleigh Public Health
- Anton Sattler, Administrator, Bismarck Environmental Health
- Suzie Johnson, Bismarck/Burleigh Public Health
- Kelli Byram, Bismarck/Burleigh Public Health
- Sara Tschider, Bismarck/Burleigh Public Health
- Angie Lorenz, Bismarck-Burleigh Public Health
- John Durick, Director of Facilities, Sanford Health Bismarck
- Alecia H, United Way Bismarck
- Rebecca Matthew, Burleigh County Commission
- Raumi Kudrna, Nursing Director of Inpatient Surgical Department, CHI St. Alexius Health
- Dwight Barden, Executive Director, Burleigh County Housing Authority
- Jolene Decoteau, Vice President of Campus Services, United Tribes Technical College
- Michelle Gayetter, Program Administrator, Vulnerable Adult Protective Services

- Kristi Vetter, Director of Case Management, Sanford Health
- Kelly Nagel, Director of Systems and Performance, ND Department of Health
- Jolynn Rising Sun, Social Health, Sanford Health
- Lorraine Davis, CEO, ND Native American Development Center & NATIVE Inc.
- Gloria David, Public Information Officer, City of Bismarck
- Shawn Morlock, Cancer Program Coordinator, CHI St. Alexius Health
- Carlotta McCleary, Executive Director, Mental Health America of North Dakota
- Chris Meeker, Vice President Medical Officer, Sanford Health Bismarck
- Jodie Fetsch, Director of Nursing, Custer Health
- Karla Eisenbeisz, Director, The Banquet
- Kim Lee, Planning Manager, Community Development City of Bismarck
- Kurt Schley, President, CHI St. Alexius Health
- Steve Bakken, Mayor, City of Bismarck
- Tracy Nelson, Lieutenant, Burleigh County Sheriff's Dept.
- Taija Bohn, Director, Family Wellness Mandan
- Matt Ditmanson, Director of Community Benefits, Sanford Health
- Marvin Lein, CEO, Mid Dakota Clinic
- Tim Flagstad, Senior Strategic Planning Advisor, Sanford Health Bismarck
- Crystalynn Kuntz, Emergency Preparedness Regional Coordinator, Bismarck Burleigh Public Health
- Susan Kahler, Tobacco Prevention Coordinator, Bismarck Burleigh Public Health
- Jodi Wolf, Health Maintenance Coordinator, Bismarck Burleigh Public Health
- Katie Johnke, Nutrition Services Program Coordinator, Bismarck Burleigh Public Health
- Erin Oban, Senator, State Legislator
- Kalen Ost, Emergency Preparedness Information Specialist, Bismarck Burleigh Public Health
- Jordyn Schaeffbauer, Tobacco Prevention Specialist, Bismarck Burleigh Public Health
- Payton Larson, Environmental Health, Bismarck Burleigh Public Health
- Jodi Roller, Professor & and Interim Department Chair, University of Mary School of Health Sciences
- Dr. Michael LeBeau, CEO, Sanford Health Bismarck
- Kelsey Urlacher, Ambulatory Nursing Manager, Sanford Health Bismarck
- Kurt Snyder, Executive Director, Heartview Foundation
- Brad Brown, Regional Director, West Central Human Services

Sanford Bismarck Description

Sanford Bismarck Medical Center is a 234-bed tertiary medical center in Bismarck, North Dakota, providing comprehensive, multi-specialty care for patients in central and western North Dakota. Sanford Bismarck consists of a hospital, a level II adult trauma center, seven primary care clinics, four multi-specialty clinics, three walk-in clinics, three occupational health clinics, a home health agency, three kidney dialysis centers, three long-term care facilities, one independent living center, and a college of nursing. It serves as a regional hub for AirMed air ambulance services and supports 12 regional Critical Access Hospitals by providing specialized care including cancer care, heart, women's and children's specialties, OccMed services, orthopedics and sports medicine.

Sanford Bismarck began operation in 1902 when two renowned physicians, Drs. Eric P. Quain and Niles O. Ramstad, opened Q&R Clinic with a vision of providing outstanding, comprehensive patient care in one convenient location. Q&R Clinic was the second multi-specialty clinic in the nation, second only to Mayo Clinic in Rochester, Minnesota. In 1908, Bismarck Evangelical Hospital, now Sanford Medical Center Bismarck, opened at the urging of Dr. Ramstad.

Key accreditations include The Joint Commission, verification by the American College of Surgeons as a level II adult trauma center, Center for Medicare and Medicaid Services (CMS) for long-term care, Commission on Collegiate Nursing Education (CCNE), Magnet designation for nursing, and Commission on Accreditation of Rehabilitation Facilities (CARF).

Community involvement and education have played an important role in Sanford Health's mission for more than 100 years. Beyond providing medical care, Sanford supports and partners with local and national organizations that know and support the communities Sanford serves. These partnerships provide the foundation for health care awareness, education, prevention and research for the health care issues that matter most to people in those communities.

Sanford Bismarck employs more than 3,600 people including 260 physicians and advanced practice providers.

CHNA Purpose

The purpose of a community health needs assessment is to develop a global view of the population's health and the prevalence of disease and health issues within our community. Findings from the assessment serve as a catalyst to align expertise and develop a Community Investment/Community Benefit plan of action. There is great intrinsic value in a community health needs assessment when it serves to validate and justify the not-for-profit status and create opportunity to identify and address public health issues from a broad perspective. A community health needs assessment identifies the community's strengths and areas for improvement. A community health needs assessment is critical to a vital Community Investment/Community Benefit Program that builds on community assets, promotes collaboration, improves community health, and promotes innovation and research. A community health needs assessment also serves to validate progress made toward organizational strategies and provides further evidence for retaining our not-for-profit status.

Regulatory Requirements

Federal regulations stipulate that non-profit medical centers conduct a community health needs assessment at least once every three years and prioritize the needs for the purpose of implementation strategy development and submission in accordance with the Internal Revenue Code 501(r)(3).

The Internal Revenue Code 501(r) requires that each hospital must have: (1) conducted a community health needs assessment in the applicable taxable year; (2) adopted an implementation strategy for meeting the community health needs identified in the assessment; and (3) created transparency by making the information widely available.

The regulations stipulate that each medical center take into account input from persons who represent the broad interests of the community. Hospitals are required to seek at least one state, local, tribal or regional government public health department or state Office of Rural Health with knowledge, information or expertise relevant to the health needs of the community.

Non-profit hospitals are required to seek input from members of medically underserved, low income, and minority populations in the community, or organizations serving or representing the interest of such populations, and underserved populations experiencing disparities or at risk of not receiving adequate care as a result of being uninsured or due to geographic, language or financial or other barriers.

The community health needs assessment includes a process to identify community resources that are available to address the assessed needs and to prioritize the needs.

Hospitals are to address each assessed need or explain why they are not addressing the needs. Once the needs have been identified and prioritized, hospitals are required to develop an implementation strategy to address the top needs. The strategies are reported on the IRS 990 and a status report must be provided each year on IRS form 990 Schedule H.

Finally, hospitals are to be transparent with the findings and make the written CHNA report available to anyone who asks for the report. Sanford places the CHNA reports and the implementation strategies on the Sanford website. Hospitals are required to keep three cycles of assessments on the web site. The 2022 report will be Sanford's fourth report cycle since the requirements were enacted in 2010.

Sanford extended a good faith effort to engage all of the aforementioned community representatives in the survey process. We worked closely with public health experts throughout the assessment process. Public comments and responses to the community health needs assessment and the implementation strategies are welcome on the Sanford website or contact can be made at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. No community comments or questions regarding the previous CHNA have been made via the website link or email address.

CHNA Process

Sanford Health, in coordination with public health experts, community leaders, and other health care providers, within the local community and across Sanford's care delivery footprint, developed a multi-faceted assessment program designed to establish multiple pathways for health needs assessment.



Limitations

The findings in this study provide an overall snapshot of behaviors, attitudes, and perceptions of residents living in the community. A good faith effort was made to secure input from a broad base of the community. However, gaps in individual data sources may arise when comparing certain demographic characteristics (i.e., age, gender, income, minority status) with the current population estimates. For example, these gaps may occur due to the difficulty in contacting them through the survey process.

To mitigate limitations, the CHNA evaluates community health from several perspectives; a stakeholder and community survey, meetings with community leaders that have special knowledge and expertise regarding populations, secondary data sources such as the U.S. Census Bureau and County Health Rankings, public comments from previous assessments, and institutional knowledge by Sanford employees locally and across the Sanford enterprise.

Community and Stakeholder Survey

Members of the community were asked a series of questions through an online survey designed in partnership with health experts and public health officials across the Sanford footprint to understand the needs of the community based upon the UW Population Health model. Each respondent was asked to rate community drivers from poor to excellent. Any response other than excellent was offered a follow up opportunity to comment on the reason. Respondents were also asked a series of questions specific to their health care access, health care quality, barriers to care, travel to care, and insurance. The survey was sent to a sample of Burleigh and

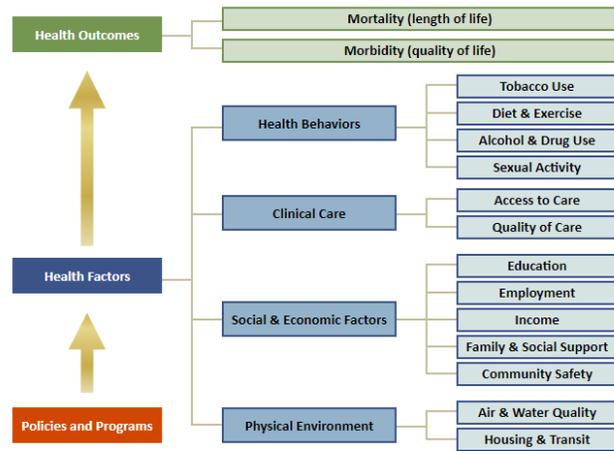
Morton County populations secured through Qualtrics, a qualified vendor. The full set of questions is available in the appendix.

To further promote community involvement the survey was also sent to community stakeholders and elected officials with knowledge and connections amongst medically underserved, low income, or minority populations. Stakeholders were asked to complete the instrument as a resident of the community and forward the survey to their respective populations for greater involvement. The survey was highlighted in a Sanford Health News article (<https://news.sanfordhealth.org/community/health-needs-assessment-survey/>) and promoted through social media via paid communications. The paid communications yielded 344,300 impressions and 1,150 completed surveys across the system.

Survey data for the local community should be considered directional and best utilized in conjunction with additional data. A total of 933 of respondents from the CHNA area completed the survey. 6,748 total respondents from across the Sanford footprint completed the survey.

Secondary Data

County Health Rankings is based upon the UW Population Health model and serves as the main secondary data source utilized for the community health needs assessment. Alignment of the survey and secondary data within the UW Population Health model allows for greater connection of the data sets. Population data are sourced to the U.S. Census Bureau. Additional data sources may be used and are sourced within the document.



County Health Rankings model © 2014 UWPHI

Health Needs Identification Methodology

The Center for Social Research at North Dakota State University was retained to develop the initial community health needs list for each community and builds upon their involvement during the previous cycle. The following methodology was used to develop the significant health needs presented later in the report:

- Survey data was stratified into representative groups based upon population: large urban communities, medium sized communities, and rural communities. The three groups were analyzed separately. Bismarck is included with Sioux Falls, SD, and Fargo, ND.
- To identify community health care needs, each community's score by question was compared to the average stratified composite of the comparative group. For example, if the composite stratified system-wide average score is 4 and an individual community's average response was 2.5, that would suggest an issue of concern and a potential community health care need to be highlighted in the summary findings.
- Upon determination of a potential strength or need, County Health Rankings (<https://www.countyhealthrankings.org/>) and responses from open-ended questions provided additional insights into the drivers of the respective needs.
- A similar methodology was also used to provide additional insights into findings from County Health Rankings data with relevant health needs highlighted in the survey findings.
- Health needs identified through either the survey or County Health Rankings data but not both were also included in the findings.

Community Asset Mapping

Asset mapping was conducted to find the community resources available to address the assessed needs. Each unmet need was researched to determine what resources were available to address the needs. Once gaps were determined, the prioritization exercise followed with key stakeholder groups determining the top needs.

Community Stakeholder Meetings

Community stakeholders were invited to attend a presentation of the findings of the CHNA Research hosted jointly by Sanford Health, CHI St. Alexius, Custer Health, and Bismarck-Burleigh Public Health. Facilitated discussion commenced and each participant was asked to consider the needs identified above that should be further developed into implementation strategies. Health needs identified during the previous cycle but not raised through the survey or County Health Rankings were also considered in small group sessions. The meeting served to inform the group of the findings but also served as a catalyst to drive collaboration.

The facilitated discussion sought to inform on several aspects:

- What are the biggest challenges currently with these needs in the community?
- Does the community have gaps in services, access, outreach, etc.?
- Opportunities: where can we have greatest impact in addressing these needs?
- Which are most urgent in nature?
- Is there work being done on these needs?
- What are the resources currently not utilized within the community that could address this topic?
- Which fall within the purview of healthcare systems and public health and which do not? Can the non-healthcare needs be shared with other entities or organizations?
- Is there anything you consider an urgent need that we have not discussed?

At the end of the meeting, the respective organizations developed priorities and implementation strategies for their respective organizations based upon all factors, including primary and secondary data, input from the community stakeholder meeting, and scalability of current organizational programs and resources to address the identified needs efficiently and effectively. All identified needs not addressed in the implementation plan were shared with other community partners for action. Requests for survey data and other CHNA assets by public health organizations, governmental bodies, and community partners were and continue to be supported.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

Community Health Summary

CHNA respondents were asked to rate various community health issues and their personal health and wellness on the following 1 to 5 scale: 1= poor, 2= fair, 3= good, 4= very good, 5= excellent. Overall, perceptions among CHNA respondents in the Bismarck area regarding the following community health issues were positive. Average scores for long-term nursing care and senior housing quality (average score=3.22), child care and preschool quality (average score=3.35), employment and economic opportunities (average score=3.51), health care quality (average score=3.57), access to healthy foods (average score=3.59), community safety (average score=3.62), access to exercise opportunities (average score=3.79), and environmental health (average score=4.00) in the Bismarck market were all above 3.00. However, with the exception of environmental health and community access to exercise opportunities, average scores for CHNA respondents in the Bismarck area for each of these community health issues were lower than the comparison group average – and often the lowest of all three similar-sized market areas served by Sanford Health.

When asked about their personal health, CHNA respondents in the Bismarck area rated their current health and wellness as good (average score=3.30) and their current ability to access health care services as fairly good (average score=3.80). However, both scores were lower than the comparison group average. Despite lower rankings when compared to similar-sized markets, it is important to note that average scores of CHNA respondents in all three markets were very similar.

County Health Rankings from the University of Wisconsin Population Health Institute data indicate that Burleigh County is among the healthiest counties in North Dakota and Morton County ranks in the upper-middle range of North Dakota counties in terms of overall health. However, the following seven areas of concern were identified for further discussion (in no particular order).

Identified Health Needs

Healthy Living

In the United States, many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and low levels of physical activity are associated with higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor pregnancy outcomes if the mother smokes during pregnancy. Excessive alcohol use is associated with injuries, certain types of cancers, and cirrhosis.

When CHNA respondents in the Bismarck area were asked about their biggest health care concerns for themselves and their family (concerns they face on a regular basis), chronic health issues were a top concern (along with affordability issues). The most commonly cited chronic health concerns involved overweight, obesity, and diabetes. Diabetes is an important marker for a range of health behaviors. CHR data indicate that nearly one in ten adults in the Bismarck area has diabetes (9%) and nearly one in three adults has obesity (32%), both of which are about average for similar-sized market areas served by Sanford.

CHR data also indicate that 21% of individuals in the Bismarck market are physically inactive (which is similar to the comparison group average) and 5% are considered food insecure and do not have a reliable source of food (which is lower than the comparison group average). While CHNA respondents in the Bismarck area rated access to healthy foods between good and very

good (average score=3.59), the score was slightly lower than similar markets served by Sanford Health. The most common reasons cited by the 15% of CHNA respondents in the Bismarck area who rated access to healthy foods as poor or fair focused on the cost of eating healthy. Respondents added that if they had access to a healthy foods store or grocery store that offers fresh fruits and vegetables (for which options are limited), the produce is often too expensive to afford.

Regarding tobacco and alcohol usage, CHR data indicate that about one in five adults in the Bismarck area is a smoker (18%) and 22% of adults drink excessively – both percentages are similar to the comparison group average. However, CHR data also indicate that 41% of all driving deaths in the Bismarck area are alcohol-impaired (which is the highest rate among similar-sized markets) – and, the Bismarck area has the highest motor-vehicle crash death rate when compared with similar-sized markets (11.3 per 100,000 people).

Healthy living was identified as a top priority in the CHNA survey. Two main areas of concern are obesity and mental health. Though mental health is a topic of its own, it was discussed as a piece of healthy living. Additionally, rather than skilled mental healthcare providers and inpatient facilities, the discussion was largely about increasing access for low to moderate mental health needs. Mental health is important standing alone, but it also makes up and affects healthy living as a whole. Obesity is an issue that community leaders are also passionate about, citing that the community needs better nutritional education, more healthy food options, and better family wellness resources. Healthy people have better outcomes in many other measurable areas, for this reason along with Sanford’s ability to have a meaningful impact on healthy living is why healthy living should be one of the priority health needs for the coming years.

Local Asset Mapping	
<p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central Chemical Dependency Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan, ND 	<p>Children’s Obesity resources:</p> <ul style="list-style-type: none"> • Bismarck Parks & Recreation, 400 E. Front Ave., Bismarck • Mandan Parks & Recreation, 2600 – 46th Ave. SE, Mandan • Capitol Ice Complex, 221 E. Reno Ave., Bismarck • Cops & Kids Fishing Program, 221 N. 5th St., Bismarck • MHA Nation, 404 Frontage Rd., New Town, ND • Native American Development Center, 205 N. 24th St., Bismarck • Aquastorm Swim Team, 1601 Canary Ave., Bismarck • Bis-Man Tennis Association, PO Box 1984, Bismarck • Bismarck Midget Football, Bismarck youthfootball@gmail.com • Bismarck Soccer League, 919 S. 7th St., Bismarck • Fast Pitch Softball, PO Box 891, Bismarck • BLAST Program, 400 E. Front Ave., Bismarck • Bobcats Youth Hockey, 1200 N. Washington St., Bismarck

<ul style="list-style-type: none"> · First Link, 4357 – 13th Ave. S., Bismarck · Teen Challenge, 1406 -2nd St. NW, Mandan · Hope Manor, PO Box 1301, Bismarck · Bismarck-Mandan Face it Together, no physical address) 	<ul style="list-style-type: none"> · Boy Scouts, 1929 N. Washington St., Bismarck · Girl Scouts, 735 Airport Rd., Bismarck · Charles Hall Youth Services, 513 E. Bismarck Expressway, Bismarck · Dakota United Soccer Club, 919 S. 7th St., Bismarck · Great Plains Track & Field, 400 E. Front Ave., Bismarck · YMCA, 1608 N. Washington St., Bismarck · VFW Sports Center, 1200 N. Wash. St., Bismarck · Legion Skating Rink, S. Wash. St., Bismarck · Tatley Skating Rink, Airport Rd & Michigan Ave., Bismarck
<p>Wellness Resources:</p> <ul style="list-style-type: none"> ·Sanford Health Dietitians, 300 N 7th St, Bismarck · CHI St. Alexius Dietitians, 900 E Broadway, Bismarck ·Sanford Wellness Center Exercise Physiologist/specialists, 2700 46th Ave SE, Mandan · Sanford Health Providers, 300 N 7th St., Bismarck ·CHI ST Alexius Providers 900 E Broadway Bismarck ·Gyms: <ul style="list-style-type: none"> o Family Wellness/Sanford Wellness Center, 2700 46th Ave SE, Mandan o Anytime Fitness, 141 Ivy Ave, Bismarck o Anytime Fitness, 4600 N 19th St., Bismarck o Anytime Fitness, 408 1st St. NW, Mandan o Planet Fitness, 2700 State St, Bismarck o Verge Fitness, 517 S 5th St, Bismarck o functional Fitness, 1212 Park Ave, Bismarck o Lincoln Fitness, 109 McDougall Dr #3, Lincoln o Proximal 50 Downtown, 201 W Broadway Ave, Bismarck o Proximal 50 Life Center, 1151 W Divide Ave, Bismarck 	<ul style="list-style-type: none"> ·Gyms Cont.: <ul style="list-style-type: none"> o FunFitLLC, 1605 Park Ave, Bismarck, ND 58504 o CrossFit Tertiary, 3138 N 10th St Suite #3B, Bismarck o Big Muddy CrossFit, 1200 Industrial Dr Suite 2, Bismarck o PDW Fitness, 2000 Schafer St, Bismarck o Bismarck Community Pool, 1601 Raven Dr, Bismarck o Solidcore, 1001 W Interstate Ave Suite 104, Bismarck. And 1401 W Century Ave, Bismarck o Capital Racquet & Fitness Center, 3200 N 10th St, Bismarck o McDowell Gym, 520 W Divide Ave, Bismarck o Missouri Valley Family YMCA, 1608 N Washington St, Bismarck o Ice Dragon Brazilian Jiu-Jitsu and Kickboxing, 1341 S 20th St, Bismarck o Bismarck Brazilian Jiu-Jitsu, 1519 E Broadway Ave, Bismarck o Soul Haven Studio, 209 W Main Ave, Bismarck o Sanford POWER Center, 3451 N 14th St Suite C, Bismarck
<p>Hunger/Healthy Food Resources:</p> <ul style="list-style-type: none"> · Carrie's Kids, 1223 S. 12th St., Bismarck · United Way, 515 N. 4th St., Bismarck · Great Plains Food Bank, 721 Memorial Hwy., Bismarck · The Banquet at Trinity Lutheran Church, 502 N 4th, Bismarck 	<p>Hunger/Healthy Food Resources Cont.:</p> <ul style="list-style-type: none"> · Heaven's Helpers Soup Café – 220 N. 23rd St., Bismarck · United Tribes Technical College Community Meal, 3315 Univ. Dr., Bismarck · Abundance of Grace Food Pantry, 4209 Old Red Trail, Mandan

<ul style="list-style-type: none"> • Spirit of Life Church Food Pantry, 801 – 1st St. SE, Mandan • Ministry on the Margins, 201 N. 24th St., Bismarck • All Nations Assembly of God, 121 – 48th Ave. SE, Bismarck • Bismarck Emergency Food Pantry, 725 Memorial Hwy, Bismarck • Community Action Program, 2105 Lee Ave., Bismarck • Corpus Christi Church, 1919 N. 2nd St., Bismarck • Crystal River Ministry Center, 924 N. 11th St., Bismarck • Faith Center, 2303 E. Divide, Bismarck • Helping Hands Food Pantry, 1826 – 8th St. N., Bismarck • Salvation Army, 601 S. Wash. St., Bismarck • Hope on the Horizon, 529 Memorial Hwy., Bismarck • Love Your Neighbor Food Pantry – 4909 Shelburne St., Bismarck • River of Hope, 1996 – 43rd Ave. N., Bismarck 	<ul style="list-style-type: none"> • Riverside School, 406 S. Anderson St., Bismarck • SNAP, 415 E. Rosser Ave., Bismarck • WIC, 2400 E. Bdwy St., Bismarck • Grocery Stores: <ul style="list-style-type: none"> o Dan’s Supermarket, 835 S. Wash. St., Bismarck o Dan’s Supermarket, 3101 N. 11th St., Bismarck o Dan’s Supermarket, 1190 Turnpike Ave. Bismarck o Dan’s Supermarket, 3103 Yorktown Dr. Bismarck o Dan’s Supermarket, 500 Burlington St. SE, Mandan o BisMan Food Co-op, 711 E. Sweet Ave., Bismarck o Asian Market, 220 W. Front Ave., Bismarck o Walmart, 1400 Skyline Blvd., Bismarck o Walmart, 1000 Old Red Trail NW, Mandan o Walmart, 2717 Rock Island Place, Bismarck o Target, 600 Kirkwood Mall, Bismarck o Sam’s Club, 2821 Rock Island Pl., Bismarck o Cashwise Foods, 1144 E. Bismarck Expressway, Bismarck
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Access to Affordable Health Care

Access to affordable, quality health care is important to physical, social, and mental health. Health insurance, local care options, and a usual source of care help to ensure access to health care. Having access to care allows individuals to enter the health care system, find care easily and locally, pay for care, and get their health needs met.

In addition to chronic health issues, cost and the ability to afford needed health care was also a top health care concern that CHNA respondents and their families face on a regular basis. Regarding routine checkups, 15% of CHNA respondents in the Bismarck area had not been to a physician or provider for a routine checkup in the past year (which is similar to comparison markets). When asked why, the second leading concern was cost and the inability to afford care (25%), behind COVID-19 concerns (34%). In addition, 15% of CHNA respondents in the Bismarck area indicated that they or a family member needed medical care in the past year but did not receive it. When asked why, the main reason was due to cost and inability to pay for health care services (27%) followed by COVID-19 concerns (26%).

According to CHR, approximately 6% of people in the Bismarck area are uninsured, a rate which is slightly lower than the average for similar markets served by Sanford Health. Access to affordable care was discussed in the community stakeholder meeting. Participants believed that it is a large issue facing the community. It was mentioned that many community members may be unaware of resources or aid available to them to assist with medical bills. Access to affordable care was also mentioned as a component to meeting the economic needs

of the community, which includes other cost of living components in addition to access to affordable care.

Local Asset Mapping	
<p>Affordable Insurance Coverage resources:</p> <ul style="list-style-type: none"> · Sanford Health Plan, 1833 E Expressway Bismarck · ND Department of Insurance, 600 E. Blvd. Ave., Bismarck · Medicaid – Burleigh Co. Human Services, 415 E. Rosser Ave., Bismarck · Homeless Coalition, 1684 Capitol Way, Bismarck · Prime Care Select, 900 E. Broadway Ave., Bismarck · Bridging the Dental Gap, 1223 S. 12th St., Bismarck 	<p>Affordable Prescription Drugs resources:</p> <ul style="list-style-type: none"> · Prescription Connection, 1701 S. 12th St., Bismarck · ND RX Card, NorthDakotaRXCard.com · ND Prescription Drug Repository Program, 1906 E. Broadway Ave., Bismarck · Needy Meds, NeedyMeds.org · Partnership for Prescription Assistance, PPARX.org · ND Assn. for the Disabled, 1014 S. 12th St., Bismarck
<p>Affordable Healthcare Resources:</p> <ul style="list-style-type: none"> · Northland Community Health Center Bismarck 914 S 12th St. Suite 101 Bismarck, ND 58504 · N.D. Medicaid, 600 E. Blvd. Ave., Bismarck · Sanford Patient Navigators, 300 N. 7th St., Bismarck · Custer Family Planning, 701 E. Rosser Ave., Bismarck · Joanne’s Clinic, 1800 E. Bdwy. Ave., Bismarck · UND Ctr. for Family Medicine, 701 E. Rosser Ave., Bismarck · First Choice Clinic, 1120 College Dr., Bismarck · Blue Cross Member Advocate Program, 1-800-342-4718 · Caring for Children, 600 E. Blvd. Ave., Bismarck · Sanford’s Community Care Program, 300 N. 7th St., Bismarck · CHI St. Alexius’ Community Care Program, 900 E. Bdwy, Bismarck · Jerene’s Wish/Warford Orthodontics, 1145 W. Turnpike Ave., Bismarck · ND Assn. for the Disabled, 1014 S. 12th St., Bismarck · Experience Health ND (ND Dept. of Health), 600 E. Blvd. Ave., Bismarck 	<p>Affordable Healthcare Resources Cont.:</p> <ul style="list-style-type: none"> · Sanford’s Medical Home Program, 300 N. 7th St., Bismarck · Mid Dakota Clinic Medical Home Program, 9th & Rosser, Bismarck · Sanford Case Managers/Social Workers/Parish Nurses, 300 N, 7th St., Bismarck · CHI St. Alexius Case Management/ Social Workers, 900 E. Broadway, Bismarck · Bridging the Dental Gap, 1223 S. 12th St., Bismarck · Ronald McDonald Mobile Clinic, 609 N. 7th St., Bismarck · Bismarck-Burleigh Public Health, 500 E. Front Ave., Bismarck · Custer Health, 403 Burlington St. SE, Mandan · Aid, Inc., 314 W. Main St., Mandan · Burleigh Co. Senior Adults, 315 N. 20th St., Bismarck · Burleigh Veterans Services, 221 N. 5th St., Bismarck · Prescription Connection, 1701 S. 12th St., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · United Tribes Technical College, 3315 University Dr., Bismarck
<p>Employment Resources:</p> <ul style="list-style-type: none"> · Job Service North Dakota – Bismarck Workforce Center, 1601 E Century Ave, Bismarck · Job Service North Dakota, 1000 E Divide Ave, Bismarck · Human Resources, Sisseton St, Bismarck 	<p>· Major Employers Cont.:</p> <ul style="list-style-type: none"> o Mandan Public School District o Aetna o University of Mary o Housing Industry Training o MDU Resources Group o Bobcat/Doosan Company

<ul style="list-style-type: none"> · Veterans Employment Services, 1000 E Divide Ave, Bismarck · Spherion, 1830 E Century Ave #2, Bismarck · Dakota Staffing Solutions Inc., 1310 E Boulevard Ave #6, Bismarck · Professional Employment Prctcs, 200 E Main Ave, Bismarck · National Medical Resources, 2792 E Broadway Ave, Bismarck · Bakken Staffing, 933 Basin Ave, Bismarck · People Ready, 2015 E Main Ave, Bismarck · Hirequest Direct of Bismarck, 214 N 24th St, Bismarck · Burdick Job Corporation, 1601 E Century Ave, Bismarck · Major Employers in descending order-2017: <ul style="list-style-type: none"> o State of North Dakota o Sanford Health o Bismarck Public School o CHI St. Alexius o U.S. Government o City of Bismarck o Bismarck State College 	<ul style="list-style-type: none"> o Missouri Slope Lutheran Care Center o Basin Electric Power Cooperative o Mid-Dakota Clinic o Dan's Supermarkets o Missouri Valley YMCA o National Information Systems Cooperative (NISC) o Walmart o Burlington Northern Railroad o Cloverdale Foods o Burleigh County o Baptist Home o Scheels Sports
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Access to Health Care Providers

While CHNA respondents in the Bismarck area rated their ability to access health care as fairly good (average score=3.80), when respondents were asked about the most important health care issues impacting their community, access to health care services and providers was their top concern (higher than COVID-19 and cost concerns). When the 6% of CHNA respondents who rated their access to health care as poor or fair were asked why they did so, the general theme among responses was long wait times for appointments and few physicians.

Nearly one in three CHNA respondents in the Bismarck area reported traveling outside of their community to receive health care services in the past three years (30%). When asked why, most of those who traveled for care indicated that they needed specialty care or the needed services were not available locally (65%), followed by 31% of respondents who traveled for better or higher quality care.

One in eight CHNA respondents in the Bismarck area indicated they do not currently have a primary care physician (13%) (which is slightly lower than the comparison group average). When asked which health care services they would like to see offered or improved in their community, one in five CHNA respondents in the Bismarck area said family medicine or primary care (21%) and cancer care (22%) – and 24% said dermatology. According to CHR, the Bismarck area has one primary care physician for every 1,080 people and one dentist for every 1,411 people (ratios which are similar to the comparison group average).

Access to healthcare providers is an important need in the community. Specifically, stakeholders identified dental care, dermatology, neurology, and pediatric care as areas of need in their community. While this is an important area and one in which Sanford could make a meaningful difference it was not discussed as a top need of the community within the stakeholder meeting.

Local Asset Mapping

Health Care Provider Resources:	Health Care Provider Resources Cont.:
<ul style="list-style-type: none"> · Sanford Medical Center, 300 N 7th St, Bismarck · CHI St. Alexius Health Bismarck Medical Center, 900 E Broadway Ave, Bismarck · Vibra Hospital of the Central Dakotas, 2nd & 3rd Floors, 1000 18th St NW, Mandan · Sanford Children's Hospital, 300 N 7th St, Bismarck · Sanford North Walk-in Clinic, 3318 N 14th St, Bismarck · CHI St. Alexius Health Century Family Clinic, 300 W Century Ave, Bismarck · Sanford Downtown Walk-in Clinic, 225 N 7th St, Bismarck · Mid Dakota Clinic, 401 N 9th St, Bismarck · Mid Dakota Clinic Gateway Mall Pediatrics, 2700 State St Unit A5, Bismarck · TODAY Clinic Primecare, 401 N 9th St, Bismarck · Mid Dakota Clinic Center For Women, 1000 E Rosser Ave, Bismarck · Sanford Fifth & Broadway Clinic, 515 E Broadway Ave, Bismarck · CHI St. Alexius Health Pinehurst Clinic, 921 W Interstate Ave, Bismarck 	<ul style="list-style-type: none"> · Sanford East Interstate Ave Clinic, 1800 E Interstate Ave · Mid Dakota Clinic Kirkwood Mall Clinic, 727 Kirkwood Mall, Bismarck · Sanford South Clinic, 1040 Tacoma Ave, Bismarck · Hughes J Md- St. Alexius Specialty Clinic, 900 E Broadway Ave, Bismarck · Northland Health Center, 914 S 12th St #101, Bismarck · Mid Dakota Clinic, 117 W Front Ave, Bismarck · Sanford State Street Clinic, 3318 N 14th St, Bismarck · Sanford East Mandan Clinic, 102 Mandan Ave, Mandan · Sanford Clinic, 222 N 7th St, Bismarck · Sanford North Mandan Clinic, 910 18th St NW, Mandan · Dermatologic Surgery/cosmetic And, 2700 State St, Bismarck · Sanford North Dermatology Clinic, 2830 N Washington St, Bismarck

Mental Health

Mental health includes our emotional, psychological, and social well-being and affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

When CHNA respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, most said behavioral and mental health services (64%) followed by addiction treatment (41%). According to CHR, adults in the Bismarck market average about 3.7 mentally unhealthy days each month and 11 % of adults average at least 14 days of mental distress per month. One of the most important measures of mental health within a community is suicide. CHR data indicate that there are 16 suicides for every 100,000 people in the Bismarck area, a rate similar to those in the Fargo and Sioux Falls market areas served by Sanford Health.

According to CHR, the Bismarck area has one mental health provider for every 474 people (which is about average for similar-sized markets served by Sanford Health).

Mental health the largest single concern facing the community in the stakeholder meeting. Participants felt very passionate about improving mental health in the community. Specifically improving the mental health of the pediatric population, as they struggle the most. There are limited transfer facilities available. There are not enough services for low to moderate mental health needs. Suicide and addiction was and continues to be a concern in the wake of the COVID pandemic. Additionally, community stakeholders noted the homeless have significant mental

health needs that need to be addressed. Mental Health is an area that community leaders would like to tackle in the upcoming years and is also one where Sanford Health could make a meaningful difference. The group indicated mental health needs, obesity, and other chronic illnesses all impact healthy living.

Local Asset Mapping	
<p>Drug, Alcohol & Smoking resources:</p> <ul style="list-style-type: none"> • Ideal Option 549 Airport Road Bismarck • ACS Crisis Residential, 3230 E. Thayer Ave., Bismarck • ADAPT, Inc., 1720 Burnt Boat Dr., Bismarck • Alcoholics Anonymous, 232-9930 (many locations to choose from) • Heartview Foundation, 101 E. Broadway Ave., Bismarck • Lutheran Social Services, I-94, Bismarck • New Freedom Center, 905 E. Interstate Ave., Bismarck • Pathways to Freedom, 418 E. Rosser Ave., Bismarck • Sanford Health Behavioral Health, 414 N. 7th St., Bismarck • CHI St. Alexius, 900 E. Broadway Ave., Bismarck • Village Family Services, 107 W. Main Ave., Bismarck • West Central CD Program, 1237 W. Divide Ave., Bismarck • Whole Person Recovery Center, 1138 Summit Blvd., Bismarck • Bismarck Burleigh Public Health, 500 E. Front Ave., Bismarck • Custer Health, 403 Burlington St. SE, Mandan, ND • First Link, 4357 – 13th Ave. S., Bismarck • Teen Challenge, 1406 -2nd St. NW, Mandan • Hope Manor, PO Box 1301, Bismarck • Bismarck-Mandan Face it Together, no physical address) 	<p>Mental Health/Behavioral Health resources:</p> <ul style="list-style-type: none"> • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Dakota Boys & Girls Ranch, 1227 N. 35th St., Bismarck • CHI St. Alexius EAP, 1310 E. Main Ave., Bismarck • Mental Health Assn., 523 N. 4th St., Bismarck • Partnerships Program (W Central Health Services Center), 1237 W. Divide Ave., Bismarck • Pride, Inc., 1200 Missouri Ave., Bismarck • Sanford Health providers, 300 N. 7th St., Bismarck • CHI St. Alexius providers, 900 E. Broadway, Bismarck • The Village, 107 W. Main Ave., Bismarck • West Central Human Service Center, 1237 W. Divide Ave., Bismarck • Veterans Administration, 2700 State St., Bismarck • Northland Community Health Center Bismarck 914 S. 12th St. Suite 101 Bismarck 58504 <p>Abuse of Prescription Drugs/Binge Drinking/Street Drugs resources:</p> <ul style="list-style-type: none"> • Bismarck Police Dept., 700 S. 9th St., Bismarck • Mandan Policy Dept., 205 – 1st Ave. NW, Mandan

Long-Term Care

Safe, quality, affordable housing is fundamental to a healthy life. Healthy homes can improve lives and provide a foundation of health for individuals and families, but unhealthy homes can just as easily undermine quality of life and even cause poor or substandard health. A safe, quality, and affordable home is paramount to healthy aging.

CHNA respondents in the Bismarck area rated the quality of long-term care, nursing homes, and senior housing as good (average score=3.22); however, the average score was the lowest among similar-sized markets – and one in five respondents rated the quality as poor or fair (21%). When respondents who rated the quality of long-term care, nursing homes, and senior housing as poor or fair were asked why they did so, responses referenced an overall staffing shortage, a lack of trained staff, and a lack of caring and compassionate staff in long-term facilities, resulting in a

lower level of patient care. When CHNA survey respondents in the Bismarck area were asked which health care services they would like to see offered or improved in their community, one in five respondents said long-term care (21%).

Although important, long-term care was not discussed significantly by stakeholders during the meeting.

Local Asset Mapping	
<p>Resources for the Aging Population:</p> <ul style="list-style-type: none"> • AARP, 107 W Main Ave. #125, Bismarck, ND • Burleigh Co. Social Services, 415 E. Rosser Ave., Bismarck • Good Samaritan Home Care, 309 N. Mandan St., Bismarck • Gracefully Aging, 1200 Missouri Ave., Bismarck • Long Term Care Association, 1900 N. 11th St., Bismarck • Lutheran Social Services, 1616 Capitol Way, Bismarck • Sanford Home Care, 910 – 18th St. NW, Mandan • Meals on Wheels, 721 Ave. A., Bismarck • Spectrum Home Care, 1006 E. Central Ave., Bismarck • Visiting Angels, 1102 S. Wash St., Bismarck • Support Systems, Inc., 1929 N. Wash. St., Bismarck • Missouri Slope Care Center, 2425 Hillview Ave., Bismarck • Enable, 1836 Raven Dr., Bismarck • Volunteer Caregiver Exchange, 600 S. 2nd St., Bismarck • Baptist Health Care Center, 3400 Nebraska Dr., Bismarck • Protection & Advocacy, 400 E. Bdwy. Ave., Bismarck • AID Inc. (transportation), 314 W. Main St., Mandan • Capital Area Transit (transport.), 3750 E. Rosser Ave., Bismarck 	<p>Resources for the Aging Population Cont.:</p> <ul style="list-style-type: none"> • Brandon Hts. Village, 580 Brandon Pl., Bismarck • Crescent Manor, 410 S. 2nd St., Bismarck • Edgewood Vista, 3124 Colorado LN, Bismarck & 3406 Dominion St., Bismarck • Good Samaritan Society, 309 N. Mandan St., Bismarck & 301 Lorrain Dr., Bismarck • Maple View East, 2625 N. 19th St., Bismarck • Maple View North, 4217 Montreal St., Bismarck • Marillac Manor, 1016 N. 28th St., Bismarck • Patterson Place, 420 E. Main Ave., Bismarck • Primrose Retirement Community, 1144 College Dr., Bismarck • St. Vincent's Care Center, 1021 N. 26th St., Bismarck • St. Gabriel's Community, 4580 Coleman St., Bismarck • The Terrace, 901 E. Bowen Ave., Bismarck • Touchmark, 1000 W. Century Ave., Bismarck • Valley View Heights, 2500 Valleyview Ave., Bismarck • BBPH Home Health Program, 500 E. Front Ave., Bismarck • CHI St Alexius Palliative Care, 310 N. 9th St., Bismarck • Custer Health, 403 Burlington St. SE, Mandan • Alzheimer's Assn., 406 W. Main St., Mandan • Vulnerable Adults Aging Services, 600 E. Blvd. Ave., Bismarck • Vulnerable Adult Protective Service, 1237 W. Divide Ave., Bismarck

Public Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and health care facilities, safely and reliably. Public transportation services play an important role for people who are unable to drive, people without access to personal vehicles, children, individuals with disabilities, and older adults.

CHNA respondents in the Bismarck area rated community access to daily transportation as less than good (average score=2.95). When asked to explain why they rated community access to daily transportation the way they did, CHNA respondents cited limited bus routes (when available), inconvenient hours of operation, long wait times, and general confusion on how to use public transit. Respondents also added that these challenges are compounded for older individuals and those with a disability.

Access to daily transportation is a need that was identified in the community, and stakeholders raised specific areas of concern. Getting to an appointment or traveling for basic health needs in general is very difficult with public transportation especially in the afternoon and transportation to and from rural communities is a challenge.

Local Asset Mapping

Transportation Resources:

- West River Transit, 3750 E Rosser Ave
Bismarck
- Bis-Man Transit, 3750 E Rosser Ave Bismarck
- Standing Rock Public Transit, 9299 Highway 24
Fort Yates
- Bismarck Transportation Services, (701) 543-6560
- Uber, Mobile application-based service
- Lyft, Mobile application-based service

Affordable Housing

There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it can be difficult to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain.

CHNA respondents in the Bismarck area rated the availability of affordable housing in their community as less than good (average score=2.46) and lower than any other community health issue. When asked to explain why they rated community access to affordable housing the way they did, CHNA respondents suggested that housing prices in general far exceed average earnings in the community and that wages have not kept pace with the higher cost of living in the area. Respondents added that these higher prices are challenging for the middle class and unattainable for those with lower incomes (e.g., minimum wage).

CHR data suggest that 11% of households in the Bismarck area have severe housing problems (i.e., overcrowded, high housing costs, lack of kitchen facilities, or lack of plumbing facilities) and 9% of households spend at least 50% of their household income on housing costs – both rates are similar to the comparison group average.

Affordable housing is an area of concern within the community. Concern regarding affordable housing for homeless and mentally ill populations was specifically mentioned within the stakeholder meeting. Discussion during the meeting centered on the cost of the housing that is available, not necessarily the availability of housing. Affordable housing is connected to other issues, such as affordable health care and transportation, that would be addressed by improving economic conditions in the community.

Local Asset Mapping

<p>Homelessness resources:</p> <ul style="list-style-type: none"> · Abused Adult Resource Center, 218 W. Broadway Ave., Bismarck · Welcome House, 1902 E. Thayer. Ave., Bismarck · AID, Inc., 314 W. Main St., Mandan · Community Action Program, 2105 Lee Ave., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · Youthworks, 221 W. Rosser Ave., Bismarck · Edwinton Place supportive housing, 1121 S. 11th St., Bismarck 	<p>Low Income Housing:¹</p> <ul style="list-style-type: none"> · Breton Hts. Apts., 4001 Lockport St., Bismarck · Alberta Hts. Apts., 4111 Lockport St., Bismarck · Park Century Apts., 2800 Gateway Ave., Bismarck · Ithica Heights Apts., 2820 Ithica Dr., Bismarck · Brandon Hts. Apts., 580 Brandon Pl., Bismarck · Westgate Apts., 2810 Gateway Ave., Bismarck · Heritage Apts., 112 N. 5th St., Bismarck · Century East Apts., 1715 & 1823 Mapleton Ave., Bismarck · Calgory Apts., 3310, 3420 & 3540 N. 19th St., Bismarck · Century East Apts. II & III, 2939 & 3001 Ohio St., Bismarck · Washington Hts. Apts., 2801, 2809, 2835 & 2843 Hawken St., Bismarck
<p>Employment Resources:²</p> <ul style="list-style-type: none"> · Job Service North Dakota – Bismarck Workforce Center, 1601 E Century Ave, Bismarck · Job Service North Dakota, 1000 E Divide Ave, Bismarck · Human Resources, Sisseton St, Bismarck · Veterans Employment Services, 1000 E Divide Ave, Bismarck · Spherion, 1830 E Century Ave #2, Bismarck · Dakota Staffing Solutions Inc., 1310 E Boulevard Ave #6, Bismarck · Professional Employment Practices, 200 E Main Ave, Bismarck · National Medical Resources, 2792 E Broadway Ave, Bismarck · Bakken Staffing, 933 Basin Ave, Bismarck · People Ready, 2015 E Main Ave, Bismarck · Hirequest Direct of Bismarck, 214 N 24th St, Bismarck · Burdick Job Corporation, 1601 E Century Ave, Bismarck · Major Employers in descending order (2017): <ul style="list-style-type: none"> o State of North Dakota o Sanford Health 	<p>Housing resources:</p> <ul style="list-style-type: none"> · Burleigh Co. Housing Authority, 410 S. 2nd St., Bismarck · Morton Co. Housing Authority, 1500 – 3rd Ave. NW, Mandan · ND Housing Finance Agency, 2624 Vermont Ave., Bismarck · Standing Rock Housing Authority, 1333 – 92nd St., Ft Yates · Dakota Foundation, 600 S. 2nd St., Bismarck · · Community Action Program, 2105 Lee Ave., Bismarck · Native American Development Center, 205 N 24th Street, Bismarck · ND Hsg. Finance Agency, 2624 Vermont Ave., Bismarck · Pam’s House, PO Box 500, Bismarck · New Awakenings Apts., PO Box 500, Bismarck · VA Supportive Housing, 619 Riverwood Dr., Bismarck · Supportive Housing for Veteran Families, 2105 Lee Ave., Bismarck · AID, Inc., 314 W. Main St., Mandan

¹ <https://affordablehousingonline.com/housing-search/North-Dakota/Bismarck>

² <http://bmda.org/about/major-employers/>

<ul style="list-style-type: none"> o Bismarck Public School o CHI St. Alexius o U.S. Government o City of Bismarck o Bismarck State College o Mandan Public School District o Aetna o University of Mary o Housing Industry Training o MDU Resources Group o Bobcat/Doosan Company o Missouri Slope Lutheran Care Center o Basin Electric Power Cooperative o Mid-Dakota Clinic o Dan's Supermarkets o Missouri Valley YMCA o National Information Systems Cooperative (NISC) o Walmart's o Burlington Northern Railroad o Cloverdale Foods o Burleigh County o Baptist Home o Scheels Sports 	<ul style="list-style-type: none"> · Community Works, 200 – 1st Ave. NW, Mandan · Money Follows the Person Housing (ND Dept. of Human Services), 600 E. Blvd. Ave., Bismarck · Salvation Army, 601 S. Wash. St., Bismarck · Welcome House, 1902 E. Thayer Ave., Bismarck
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Sanford Area of Focus

The significant health needs noted above were brought forward as topics of discussion at the local stakeholder meeting, which brought together a range of community leaders with knowledge of medically underserved, low income, or minority populations. Members of the local public health agency and Sanford Health were also present. List of attendees thanked in the introduction.

Stakeholders discussed the health needs, causes, and provided additional insight for their local populations and community resources. Participants were also encouraged to offer additional needs that may not have been raised during the research process; none were brought forward.

IMPLEMENTATION PLAN

Priority 1: Improve access to behavioral health services.

Current activities

In addition to providing more than 130,000 behavioral health-related visits per year, Sanford Health partners with several community organizations to support access to community resources and to streamline connecting individuals to the services they need. In addition to providing care within our facilities, Sanford began offering onsite school-based behavioral health services as part of a Bismarck Public School District pilot project in 2020.

Clinically, Sanford integrates behavioral health specialists into the primary care clinic setting. The specialists collaborate with primary care teams and provide direct clinical services—crisis intervention, counseling, and education—to patients. Sanford also screens patients for depression on annual basis to increase diagnosing and treating mental health conditions early, Sanford. Patients who score out at risk are immediately connected with applicable clinical and community resources and/or suicide prevention services.

Projected impact

Upon completion of the action plan, the community would see an improved continuum of care approach to addressing mental and behavioral health needs and substance use disorders. By providing expedited access to behavioral health and substance use disorder services, children will benefit from age specific interventions and community members who resort to Emergency Department services and hospitalizations for behavioral health needs will be decreased and the individuals' health and quality of life will improve.

Goal 1: Advance school-based services for pediatric patients

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
School-based mental and behavioral health services	Implement onsite licensed mental health providers in person or via telehealth at a Bismarck school and a rural school; provide 300 onsite/virtual visits for school children in 2022	Sanford Health licensed mental health providers	Behavioral Health Executive Director Mike Salwei Behavioral Health Director Jennifer Harrington Community Relations Director Weston Dressler	N.D. Department of Human Services, Bismarck Public School District, additional school districts to be determined

Goal 2: Expand behavioral health services available in the Emergency Department

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Embed behavioral health services into Emergency Department	Provide real-time behavioral health assessments and connection to applicable services and community resources; implement one fulltime provider supporting 100 patients in first year of program	Sanford Health licensed social worker or nurse practitioner	Chief Medical Officer Dr. Chris Meeker, Behavioral Health Executive Director Mike Salwei, Behavioral Health Director Jennifer Harrington	Heartview, Face It Together and other community drug and alcohol treatment providers

Priority 2: Improve access to affordable care

Current activities: Sanford Health has implemented several programs and services to improve access to affordable care. To address healthcare coverage for uninsured and underinsured, Sanford integrated fulltime onsite financial advocates to help patients and their families enroll in health coverage programs. Sanford’s Financial Assistance Program helps thousands of patients each year reduce or eliminate medical bills they can afford to pay. Sanford also assists at risk populations with enrollment in public healthcare coverage programs.

To help bridge the gap between health care services provided in our facilities to what at-risk patients outside our walls, Sanford created a community health worker program. The CHW works with patients in the community to assist with social services, community resources, transportation needs, food stability and other key social determinants of health.

To help the community’s most vulnerable patients better manage chronic diseases including diabetes, asthma and depression, Sanford established Better Choices, Better Health, a self-management program designed to help adults better understand their health and better manage their symptoms. Additional free healthcare classes include family parenting and sibling classes, birthing classes, breastfeeding classes, and Caring for Your Newborn class.

Subsidized Health Services—clinical programs that are provided despite a financial loss—are provided to meet identified community needs and if it were not offered by Sanford, it would either be unavailable or fall to the responsibility of government or another not-for-profit organization. Examples of subsidized health services include behavioral health services, renal dialysis services, trauma care and women’s’ and children’s services.

Sanford Health serves as the region’s safety net hospital, providing free and discounted care to thousands of patients unable to afford healthcare costs. Sanford also works proactively with patients and community members to help individuals apply for healthcare coverage programs including Medicaid, Medicare and private coverage.

Projected Impact: Improving access to healthcare services has both financial and quality of life implications on the community. By helping community members access the right care at the right time in the right place, they are better able to prevent and manage chronic disease and enjoy a better quality of life. From a financial perspective, better access to care can be measured in reduced unnecessary emergency visits and hospitalizations.

Goal 1: Reduce healthcare costs by reducing avoidable visits

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Referral to community health worker program; measure CHW outcomes	2022: Reduce avoidable emergency room visits and hospitalizations; care for 50 patient referrals	Fulltime community health worker, admin support services	Sanford learning and development staff (Wendy Schmidt and Richard Preussler)	Bismarck/Burleigh Public Health, Custer Public Health, Burleigh and Morton counties social services

Goal 2: Increase healthcare coverage in the community

Actions/Tactics	Measurable Outcomes & Timeline	Resources to be Committed	Leadership	Note any community partnerships and collaborations – if applicable
Identify community and public policy barriers and opportunities to increase at-risk community members' access to healthcare coverage	2022: Connect community members to resources necessary to successfully enroll in coverage programs; assist 1,000 patients per year	Contracted financial enrollment advocacy staff	Patient Access leadership, Government Affairs Specialist Marnie Walth, Native American Community Outreach Director Scott Davis	Bismarck-Burleigh Public Health, regional county social services, N.D. Hospital Association, tribal leadership

Needs Not Addressed

Needs identified during the CHNA process—as referenced in the Community Health Needs Assessment Report above—that are not addressed as a significant need for the purpose of this process:

Healthy Living: Healthy living is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford is addressing the need by partnering to help community members prevent and/or manage chronic health conditions including diabetes, heart disease, depression and anxiety. Sanford Health collaborates to with community partners to offer Better Choices, Better Health. The evidence-based program is free to patients with chronic disease and caregivers. It is designed to be an intervention that offers support to individuals aged 18 or older and proven to help establish long-term health benefits and health cost savings for patients and their families.

Sanford also partners with Missouri Valley YMCA to provide fitness classes and exercise facilities at its jointly-owned Family Wellness Center. The center provides childcare services to assist young families and provides free memberships to individuals and families who cannot afford the cost.

To address community hunger, Sanford supports Great Plains Food Bank and screens pregnant and new moms to identify household food shortages and provide needed resources.

To address drug and alcohol abuse, Sanford partners with community organizations including Bismarck-Burleigh Public Health, Heartview and Face It Together to support community resources and to connect community members to support services and treatment options.

Access to Health Care Providers: Access to health care providers, broadly, is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment. Sanford Bismarck is addressing the need by helping to bridge the gap between health care services provided in our facilities to what at-risk patients outside our walls, Sanford created a community health worker program. The CHW works with patients in the community to assist with social services, community resources, transportation needs, food stability and other key social determinants of health.

Access to healthcare workers increasingly difficult due to supply and demand of healthcare workers. Each day, medical students, dietitians, pharmacists, respiratory therapists, occupational therapists, nuclear medicine, nursing students and other healthcare workers receive training at Sanford and stay to begin their careers with us or move on to other organizations where their Sanford training will be a benefit far beyond our walls. These investments support the growing need for healthcare workforce in our region. Over the last ten years, Sanford has seen a 3% to 5% growth annually in FTEs and 4% to 7% growth in physicians and advanced practice professionals.

Sanford has also initiated several healthcare occupation awareness and education programs in middle and high schools.

Long-Term Care: Sanford Health merged with one of the region's largest long term care providers, Good Samaritan Society, to improve continuum of care for aging adults and those with a disability that requires long term care services. Additionally, Sanford actively advocates for public policy decisions that place the long-term care residents' quality of care and quality of life as top priority. Long-term care is not included in the Implementation Plan as it was deemed a lower priority compared to other areas for purposes of the Community Health Needs Assessment.

Public Transportation: Public Transportation is not included in the Implementation Plan as it was determined that other organizations, including those listed in the asset map, are addressing the need. While Sanford has limited capacity to address the community's public transportation gaps, Sanford care managers coordinate transportation with available community resources and financially supports private transportation options when free or public options are not available. Per discussions with local public transportation leaders, Sanford can also support community resources by assisting in advocating for good public policies on the local and state level.

During the stakeholder meeting members of the Bismarck Community Development Department requested a meeting with Sanford Health to review, in greater detail, details of the transportation section of the CHNA survey as it would inform their long-term planning efforts. Additional information regarding the demographics, survey data drivers, and the City of Bismarck's long-term plan were jointly reviewed by Sanford Health and the City of Bismarck

Community Development Department at a May 2021 meeting. Sanford Health will remain involved in the City's efforts, although specific support needs have not been identified at time of CHNA report approval.

Affordable Housing: Affordable housing is not included in the Implementation Plan as other organizations are addressing the need and have the competencies to effectively address the need. Although Sanford has limited capacity to directly impact affordable housing, Sanford care managers and community health workers help patients connect to applicable community housing support resources. Additionally, Sanford supports United Way's emergency homeless shelter and provides care coordination services to Edwinton Place supportive housing residents. Edwinton is a housing first approach to helping individuals who face chronic homelessness and who may be dealing with a mental health condition.

EVALUATION OF 2019-2021 CHNA

Goal 1: Access to Affordable Care

Sanford Health has integrated fulltime, onsite financial advocates who specialize in healthcare coverage enrollment to help community members who are uninsured and underinsured secure access to healthcare services. They help Sanford patients as well as community referrals.

Individuals unable to secure healthcare coverage and facing medical bills they cannot afford are referred to Sanford's financial assistance program. FAP worked with 4,098 patients and their families in 2020 to reduce medical bills by eliminating a portion or all charges for services. In total, Sanford Bismarck offered over \$31 million dollars in 2019 and \$18.1 million of in-kind care to patients and families that were unable to pay their medical bills in 2020.

To help homeless individuals access healthcare services and prescription medications, Sanford works with shelter residents to apply for and secure healthcare coverage through the state's Medicaid program.

Through partnerships with Mandan Public Health, Bismarck/Burleigh Public Health, United Way and the local homeless shelter coalition, we have helped at-risk community members secure healthcare coverage, healthcare services and prescription medications.

Often, patients who do not qualify for public assistance do not make enough money to afford the prescriptions they need to get well and stay well. In these circumstances, we have helped patients enroll in Marketplace health plans and provided financial assistance to help cover income gaps. In total, Sanford Bismarck assisted 895 individuals to secure healthcare coverage.

When a patient temporarily is unable to afford the medications, they need due to extenuating circumstances, e.g., sudden loss of employment, Sanford's Foundation established a fund to help community members. Established internal workflow processes to help individuals unable to afford prescriptions receive the medication free of charge.

Sanford supported nearly 1,500 patients over the CHNA cycle to date to get the prescription medicine they needed but could not afford. Additionally, Sanford helped these individuals connect to vital community services necessary to regain their health, wellbeing and financial independence. Meal vouchers, lodging, gas cards, and transportation were also provided to 587 patients.

Three hundred new and expecting moms identified at risk for not having enough food received free meals and were connected to community food pantry resources.

Goal 2: Behavioral Health and Substance Use Disorder Continuum of Care

Sanford Bismarck continued its partnership with Heartview, an addiction services provider, to help 11 expectant moms suffering from substance use disorder participate in medication-assisted treatment programming.

Sanford and the Bismarck Public Schools expanded our partnership to provide behavioral health services onsite at Simle Middle School. A pilot program launched in the Fall of 2019 entails a Sanford psychologist seeing patients in person at Simle Middle School. The goal of the project is to establish a program scalable to additional schools via telemedicine. In 2020, Sanford provided nearly 500 onsite visits for at-risk middle school students. During the summer, Sanford continued to see the students, providing video appointments to allow for continued care despite COVID-19. In the fall of 2020, Sanford expanded to a second school and will add a third school in the fall of 2021.

Sanford's opioid stewardship program continues to reduce the volume of opioids prescribed to patients. In 2020 Sanford Bismarck further reduced both the number of opioid prescriptions and volume of tablets prescribed. The number of prescriptions dropped 6% (from 9,139 to 8,610 scripts) and the total number of tablets prescribed dropped 9% (from 498,617 to 454,617 tablets). In total, Sanford Bismarck has decreased the number of prescriptions by nearly 40% and the number of tablets prescribed in half.

Sanford Bismarck continued the partnership with Bismarck/Burleigh County behavioral health task force, a stakeholder group established to identify and address gaps in the community's substance abuse and behavioral health continuum of care. Additionally, Sanford joined the Bismarck/Burleigh Drug-Free Communities Task Force, representing community healthcare providers.

Additionally, Sanford helps community members suffering from addiction secure coaching support to get well and stay well, supports expectant mothers suffering from substance use disorder participate in medication-assisted treatment programming, and provides behavioral health visits for at-risk students, among other efforts.

CONTACT INFORMATION

The Community Health Needs Assessment, Implementation Plan, and survey data are available online at <https://www.sanfordhealth.org/about/community-health-needs-assessment>. The website includes current and historical reports.

Anyone wishing to receive a free printed copy, obtain information on any topic brought forth in the report, or offer public comments for consideration during the implementation plan or future Community Health Needs Assessment work, please contact us at Community.Benefits.Sanford@SanfordHealth.org or visit <https://www.sanfordhealth.org/contact-us>.

APPENDIX

Survey Responses

Survey responses are available through an online dashboard at <https://www.sanfordhealth.org/about/community-health-needs-assessment>

Expanded Demographics³

Morton County, population 31,364, and Burleigh County, population 95,626, account for 16% of North Dakota's entire population. Both counties also have a higher 2010-2019 growth rate, and population density. The counties' age demographics look similar to the states with slight differences in the over 65 categories. Both counties have higher percentages of people identifying as White alone than the state as a whole and the counties have lower percentages of people identifying as Black or African American alone and American Indian and Alaska Native alone..

The Median home value of the counties exceeds that of the entire state which is \$193,000. In addition, residents of the counties are more likely to have a computer and internet in their home and a median income that exceeds the state median by around \$6,000. Education levels of the counties are similar to state education levels. Counties also have a lower percentage of residents who live in poverty, are uninsured, or are disabled. The counties have higher percentages of residents in the workforce with Morton County being the highest at over 74%, and Burleigh topping the state by a negligible .6 points at 69.8%. Burleigh County employment is growing commensurate with the state while Morton County has experienced a decrease in total employment in recent years.

	Morton County, ND	Burleigh County, ND	North Dakota
Population estimates, July 1, 2019, (V2019)	31,364	95,626	762,062
Population estimates base, April 1, 2010, (V2019)	27,469	81,308	672,576
Population, % change - April 1, 2010 (estimates base) to July 1, 2019, (V2019)	14.2%	17.6%	13.3%
Population per square mile, 2010	14.3	49.8	9.7
Persons under 5 years, %	7.1%	6.6%	7.1%
Persons under 18 years, %	23.1%	23.3%	23.6%
Persons 65 years and over, %	17.0%	16.6%	15.7%
White alone, %	92.2%	90.4%	86.9%
Black or African American alone, %	1.3%	2.4%	3.4%
American Indian and Alaska Native alone, %	3.8%	4.3%	5.6%
Asian alone, %	0.5%	0.9%	1.7%
Native Hawaiian and Other Pacific Islander alone, %	0.1%	0.1%	0.1%
Two or More Races, %	2.2%	1.9%	2.3%
Hispanic or Latino, %	4.1%	2.8%	4.1%
White alone, not Hispanic or Latino, %	88.8%	88.2%	83.7%

³ <https://www.census.gov/quickfacts>

Median value of owner-occupied housing units, 2015-2019	\$208,600	\$263,600	\$193,900
Median gross rent, 2015-2019	\$861	\$871	\$826
Households with a computer, %, 2015-2019	91.1%	90.7%	89.8%
Households with a broadband Internet subscription, %, 2015-2019	81.4%	82.8%	80.7%
High school graduate or higher, % of persons age 25 years+, 2015-2019	91.9%	94.3%	92.6%
Bachelor's degree or higher, % of persons age 25 years+, 2015-2019	26.9%	35.8%	30.0%
With a disability, under age 65 years, %, 2015-2019	5.4%	6.0%	7.2%
Persons without health insurance, under age 65 years, %	6.3%	5.6%	8.1%
In civilian labor force, total, % of population age 16 years+, 2015-2019	74.2%	69.8%	69.2%
Median household income (in 2019 dollars), 2015-2019	\$70,556	\$71,524	\$64,894
Per capita income in past 12 months (in 2019 dollars), 2015-2019	\$39,384	\$38,804	\$36,062
Persons in poverty, %	7.9%	6.9%	10.6%
Total employer establishments, 2019	869	3,025	24,654
Total employment, 2019	10,463	47,861	353,333
Total employment, % change, 2018-2019	-1.6%	2.1%	2.1%

CHNA Survey Questionnaire

The survey tool was delivered online via Qualtrics. The survey questions are presented below as a reference.

Thank you for your interest in the Community Health Needs Assessment. Your confidential responses are vital to helping understand the factors driving the health needs of the community.

RESIDENCE

Please enter your county of residence: _____

Please enter your zip code: _____

What is your current age? _____

COMMUNITY

How would you rate the quality of HEALTH CARE available in your community?

Poor Fair Good Very Good Excellent Don't Know

In your opinion, what is the most important HEALTH CARE issue your community faces?

How would you rate the quality of LONG-TERM CARE, NURSING HOMES & SENIOR HOUSING services in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the quality of CHILDCARE, DAYCARE & PRE-SCHOOL services in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

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1

How would you rate the availability of AFFORDABLE HOUSING in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to ACCESS DAILY TRANSPORTATION in your community?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community's EMPLOYMENT & ECONOMIC OPPORTUNITIES?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate your community as being a SAFE place to live?

Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ENVIRONMENTAL health of your community?

(clean air, clean water, etc.)

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access HEALTHY & NUTRITIONAL FOODS in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

How would you rate the ability of residents to access PHYSICAL ACTIVITY & EXERCISE OPPORTUNITIES in your community?

- Poor Fair Good Very Good Excellent Don't Know

Why did you give it that rating?

YOUR HEALTH AND WELLNESS

Overall, how would you rate YOUR current state of health & wellness?

- Poor Fair Good Very Good Excellent Don't Know

What is the biggest HEALTH CARE concern you or your family face on a regular basis?

Are there any health care services that you would like to see OFFERED or IMPROVED in your community?

- Yes Please answer next question
- No Skip to 'Your Health Care Usage' section

Please select the health care services you would like to see OFFERED or IMPROVED in your community. (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Addiction Treatment | <input type="radio"/> Heart Care |
| <input type="radio"/> Behavioral Health / Mental Health | <input type="radio"/> Labor and Delivery |
| <input type="radio"/> Cancer Care | <input type="radio"/> Long-Term Care / Nursing Homes |
| <input type="radio"/> Chiropractic Care | <input type="radio"/> Orthopedics and Sports Medicine |
| <input type="radio"/> Dental Care | <input type="radio"/> OBGYN / Womens' Care |
| <input type="radio"/> Dermatology | <input type="radio"/> Pediatrics / Childrens' Care |
| <input type="radio"/> Emergency / Trauma | <input type="radio"/> Walk-in / Urgent Care |
| <input type="radio"/> Eye Services (Ophthalmology, Optometry) | <input type="radio"/> Other (please specify): |
| <input type="radio"/> Family Medicine / Primary Care | |
| <input type="radio"/> General Surgery | |

YOUR HEALTH CARE USAGE

Do you currently have a primary care physician or provider who you go to for general health issues?

- Yes
- No

How long has it been since you last visited a physician / provider for a routine check up or screening?

- | | |
|---|---|
| <input type="radio"/> Within the past year | <input type="radio"/> More than 5 years ago |
| <input type="radio"/> Within the past 2 years | <input type="radio"/> Never |
| <input type="radio"/> Within the past 5 years | |

What has kept you from having a routine check-up? *(Select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Cost/Inability to Pay | <input type="checkbox"/> No child care |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Wait time for appointments are too long |
| <input type="checkbox"/> Don't feel welcomed or valued | <input type="checkbox"/> Clinic hours are not convenient |
| <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> Fear / I do not like going to the doctor |
| <input type="checkbox"/> My insurance is not accepted | <input type="checkbox"/> Nothing / I do not need to see a doctor |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Don't have a primary care physician |
| <input type="checkbox"/> Distance / lack of local providers | <input type="checkbox"/> Other <i>(please specify):</i> |
| <input type="checkbox"/> Getting time off from work | |

How would you rate your current ability to ACCESS health care services?

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> |

Why did you give it that rating?

In the past year, did you or someone in your family need medical care, but did not receive the care needed?

- Yes No Unsure

What are the reasons you or a family member did not receive the care needed?

- | | |
|---|---|
| <input type="checkbox"/> Cost/Inability to Pay | <input type="checkbox"/> No child care |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Wait time for appointments are too long |
| <input type="checkbox"/> Don't feel welcomed or valued | <input type="checkbox"/> Clinic hours are not convenient |
| <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> Fear / I do not like going to the doctor |
| <input type="checkbox"/> My insurance is not accepted | <input type="checkbox"/> Nothing / I do not need to see a doctor |
| <input type="checkbox"/> Lack of transportation | <input type="checkbox"/> Don't have a primary care physician |
| <input type="checkbox"/> Distance / lack of local providers | <input type="checkbox"/> Other <i>(please specify):</i> |
| <input type="checkbox"/> Getting time off from work | |

TRAVELING FOR CARE

Have you or a member of your family TRAVELED to receive health care services outside of your community within the past 3 years?

- Yes No

If yes, Where did you travel to? (If you traveled more than once, enter the most recent place you traveled to?)

City _____ State _____

What was the main reason you traveled for care? (select all that apply)

- | | |
|---|--|
| <input type="radio"/> Referred by a physician | <input type="radio"/> Immediate / faster appointment |
| <input type="radio"/> Better / higher quality of care | <input type="radio"/> On vacation / traveling / snowbirds |
| <input type="radio"/> Medical emergency | <input type="radio"/> Cost or insurance coverage |
| <input type="radio"/> Needed a specialist / service was not available locally | <input type="radio"/> Don't feel welcomed or valued by local providers |
| <input type="radio"/> Second opinion | |

Other (please specify)

YOUR HEALTH INSURANCE

Do you currently have health insurance?

- Yes No

Please indicate the source of your health insurance coverage.

- Employer (Your employer, spouse, parent, or someone else's employer)
- Individual (Coverage bought by you or your family)
- Federal Marketplace (Minnesota Care / Obamacare / Affordable Care Act)
- Medicare
- Medicaid
- Military (Tricare, Champus, VA)
- Indian Health Service (IHS)

Other (please specify)

DEMOGRAPHICS

What is your biological sex?

- Male Female

Do you, personally, identify as lesbian, gay, bisexual, transgender or queer?

- Yes No

How many people live in your house, including yourself? _____

How many children under age 18 currently live with you in your household? _____

Are you Spanish, Hispanic, or Latino in origin or descent?

- Yes No

What is your race? *(Select all that apply)*

- American Indian or Alaska Native
 Caucasian or White
 Asian
 Native Hawaiian or Pacific Islander
 Black or African American

Other *(please specify)*

How long have you been a US citizen?

- I am not a US citizen
• Are you planning to become a US citizen? Yes No Prefer not to answer
 0 - 5 years
 6 - 10 years
 More than 10 years

What language is spoken most frequently in your home? _____

What is your current marital status?

- | | |
|--|---------------------------------|
| <input type="radio"/> Married | <input type="radio"/> Divorced |
| <input type="radio"/> Single, never married | <input type="radio"/> Widowed |
| <input type="radio"/> Unmarried couple living together | <input type="radio"/> Separated |

Which of the following best describes your current living situation?

- House (*owned*)
- Apartment or House (*rental*)
- Homeless
- Some other arrangement

What is your primary mode of daily transportation?

- Automobile/Truck (*owned or leased*)
- Online Ride Service (*Uber / Lyft*)
- Taxi Service
- Public Transportation (*bus / subway / rail*)
- Other (*please specify*)
- Walk
- Bicycle
- Family, Friends or Neighbors
- I do not have a primary mode of daily transportation

What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school graduate (*high school diploma or equivalent including GED*)
- Some college but no degree
- Associate degree in college (*2-year*)
- Bachelor's degree in college (*4-year*)
- Master's degree
- Doctoral degree
- Professional degree (*JD, MD*)

Your current employment status is best described as:

- Employed (*full-time*)
- Employed (*part-time*)
- Self-employed
- Furloughed
- Not employed, looking for work
- Not employed, not looking for work
- Retired
- Disabled or unable to work

What is your total household income from all sources?

- Less than \$20,000
- \$20,000 - \$24,999
- \$25,000 - \$29,999
- \$30,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or more

Thank you for completing the survey. Your responses ensure more accurate and targeted solutions to address identified health issues.