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| Gmina Stoszowice przystąpiła do opracowania Lokalnego Programu Rewitalizacji. To wieloletni plan przedsięwzięć, które będą realizowane na wybranym obszarze naszej Gminy. Pierwsza część kwestionariusza – ankieta diagnostyczna - służy wyznaczeniu obszaru rewitalizacji. Obszarem takim mogą być miejsca, gdzie występują problemy społeczne (bezrobocie, ubóstwo, przestępczość), a jednocześnie szczególnie odczuwalne są tu negatywne zjawiska związane np. z brakiem lub złym stanem infrastruktury, albo problemy gospodarcze, albo niedogodności wynikające z niefunkcjonalnego zagospodarowania przestrzeni publicznej.Część druga kwestionariusza – karta zadania - to Państwa propozycje w zakresie projektów, jakie powinny być realizowane w ramach programu rewitalizacji. Mogą to być zarówno zadania remontowo-budowlane, społeczne, jak i takie, które wesprą rozwój przedsiębiorczości. Umieszczenie projektu w przygotowywanym dokumencie jest jednym z elementów mogącym mieć wpływ np. na pozyskiwanie w przyszłości środków europejskich na działania związane z rewitalizacją. Poznanie Państwa zdania w kwestii rewitalizacji wybranych obszarów naszej gminy pozwoli na sformułowanie programu możliwie bliskiego oczekiwaniom mieszkańców.Obie części wypełnionego kwestionariusza (razem lub osobno) można dostarczyć osobiście lub przesłać pocztą tradycyjną na adres Urząd Gminy Stoszowice, Stoszowice 97, 57-230 albo pocztą elektroniczną na adres promocja@stoszowice.pl |

**ANKIETA DIAGNOSTYCZNA****1. Informacje o ankietowanym** (proszę zaznaczyć właściwe)

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| **Płeć:**  | kobieta |  | mężczyzna |  |  |  |  |  |  |  |  |
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| **Wiek** | poniżej 25 |  | 26-45 |  | 46-60 |  | 61 i więcej |  |  |  |
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| **Status:** | uczący się |  | pracujący |  | bezrobotny |  |  |  |  |  |
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|  | przedsiębiorca |  |  | inny |  |  jaki?  |  |  |  |  |  |  |
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| **Wykształcenie:** | podstawowe |  | gimnazjalne |  | zawodowe |  | średnie |  | wyższe |  |
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**2. Obszar rewitalizacji** – miejsca o szczególnej koncentracji problemów społecznych, gospodarczych, infrastrukturalnych itp.**Jaki Pani/Pana zdaniem obszar Gminy trzeba objąć rewitalizacją?** (proszę wskazać w taki sposób, który umożliwi łatwą identyfikację miejsca, np. miejscowość, ulice, zwyczajowa nazwa miejsca, jeśli jest w potocznym użyciu)**:**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**Problemy społeczne występujące na wskazanym obszarze** (proszę zaznaczyć właściwe)

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| Znaczenie problemu | Bardzo wysokie  | Wysokie  | Średnie  | Niskie  | Brak problemu |
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| Bezrobocie |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Ubóstwo |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Przestępczość |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Przemoc w rodzinie |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Alkoholizm |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Inne (jakie) ………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Problemy związane z infrastrukturą i stanem środowiska na wskazanym obszarze** (proszę zaznaczyć właściwe)

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| --- | --- | --- | --- | --- | --- |
| Znaczenie problemu | Bardzo duże  | Duże  | Średnie  | Małe  | Brak problemu |
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| Ilość obiektów rekreacyjnych |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stan obiektów rekreacyjnych |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stan dróg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Brak podstawowych mediów |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stan budynków mieszkalnych |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stan środowiska |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stan zabytków |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Inne (jakie) ………………... |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Brak jakich miejsc i form spędzania czasu na wskazanym obszarze stanowi problem?** (proszę zaznaczyć właściwe)

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| Znaczenie problemu | Bardzo duże  | Duże  | Średnie  | Małe  | Brak problemu |
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| Imprezy integracyjne |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Infrastruktura sportowa |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Oferta kulturalna |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Aktywność organizacji pozarządowych  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Infrastruktura turystyczna  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Problemy gospodarcze na wskazanym obszarze** (proszę zaznaczyć właściwe)

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| Znaczenie problemu | Bardzo duże  | Duże  | Średnie  | Małe  | Brak problemu |
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| Brak możliwości lokalizacji dla nowych podmiotów |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Braki infrastrukturalne (drogi, kanalizacja, energia, itp.)  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Zły wizerunek w oczach inwestorów i turystów |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Brak wsparcia dla MŚP |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Niewystarczająca promocja |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Mała ilość atrakcji turystycznych  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Wypełnione kwestionariusze ankietowe proszę składać do dnia 18 marca 2016 rok.***Dziękujemy za wypełnienie kwestionariusza ankietowego* |
| **KARTA ZGŁOSZENIA PROJEKTU DO LOKALNEGO PROGRAMU REWITALIZACJI DLA GMINY WILCZYN** |
| **1** | **Wnioskodawca** – osoba/ podmiot zgłaszający projekt | Imię i nazwisko lub nazwa podmiotu: |  |
| Adres: |  |
| Tel.: | e-mail: |
| **2** | **Nazwa projektu:** |  |
| **Co w ramach projektu wnioskodawca chce zrobić?**(krótki opis: co zostanie zrobione, wyremontowane, zbudowane, kupione, zrealizowane) |  |
| **3** | **Miejsce, w którym projekt ma być zrealizowany?**(adres lub nazwa obszaru) |  |
| **4** | **Przewidywany termin realizacji:** |  rozpoczęcie: |  zakończenie: |
| **5** | **Opis stanu obecnego**(opis problemu do rozwiązania, aktualnego stanu, najważniejsze cechy obszaru, na którym ma być realizowany projekt) |  |
| **Co się zmieni?**(jaki cel zostanie osiągnięty, jaki problem zostanie rozwiązany) |  |
| **6** | **Szacunkowy koszt w tys. zł:** |  |
| **7** | **Źródła środków** | **Środki własne**w tys. zł: |  |
| **Dotacja UE** w tys. zł: |  |
| **Inne** (np., kredyt)w tys. zł: |  |
| **8** | **Szacunkowe koszty zadania w rozbiciu na lata (w tys. zł):** | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|  |  |  |  |  |  |  |
| **9** | **Czy wnioskodawca**  **dysponuje terenem/nieruchomością na której będzie realizowany projekt?** (proszę zaznaczyć właściwe) | Tak  |  | Nie |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **10** | **Partner** Jeśli w realizacji zadania będzie uczestniczyć inny podmiot/osoba proszę wpisać kto? |  |

Wyrażam zgodę na przetwarzanie moich danych osobowych dla potrzeb związanych z opracowaniem Lokalnego Programu Rewitalizacji dla Gminy Wilczyn, zgodnie z Ustawą z dnia 29 sierpnia 1997 r. o ochronie danych osobowych (Dz. U. z 2002 r. Nr 101, poz. 926 z późn. zm.)

Mam świadomość, że o umieszczeniu zgłaszanego projektu w ostatecznej wersji LPR decydować będzie jego zgodność z ogólnymi założeniami i kierunkami działań przyjętymi w dokumencie.

*………………………………………………………………….*

*Podpis*

Kartę zgłoszenia projektu do Lokalnego Programu Rewitalizacji dla Gminy Wilczyn można dostarczyć osobiście lub przesłać pocztą tradycyjną na adres Urząd Gminy Wilczyn, ul. Strzelińska 12 D, 62-550 Wilczyn albo pocztą elektroniczną na adres gmina@wilczyn.pl.

**Karty projektu proszę składać do dnia 30 czerwca 2017 rok.**