



# SOUTH FAIRFAX AVENUE VISIONING SURVEY

Great Streets in Mayor Garcetti's Office is working with Ethiopian Community Development Center, a project of Community Partners, to improve your street. We are preparing to develop a vision for the future of South Fairfax Avenue between Olympic Boulevard and Pico Boulevard. We want to hear from you. Please share your thoughts with us!

Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Required Answer (\*)



- 1. Describe your business and relationship to Little Ethiopia/South Fairfax Avenue?
  - # years \_\_\_\_\_ I live here
  - # years \_\_\_\_\_ Work at a business
  - # years \_\_\_\_\_ Run a business in a leased/rented space
  - # years \_\_\_\_\_ Run a business in a building I own

- 2. What type of business?
  - Restaurant/cafe
  - Place of worship
  - Other, please specify: \_\_\_\_\_
  - Healthcare facility
  - School
  - Business name: \_\_\_\_\_

- 3. Over the last 3 years or so, has your business generally grown, declined, or remained the same?
  - Business has grown, and has plans to expand
  - Business has remained the same
  - Other, please specify: \_\_\_\_\_
  - Business has grown, and have no plans to expand
  - Business has declined

4. What is the reason for growth or decline of your business?  
\_\_\_\_\_  
\_\_\_\_\_

- 5. What do you love about working in/running a business in South Fairfax Avenue?
  - Strong relationship with customers
  - My business serves the needs of the community
  - Other, please specify: \_\_\_\_\_
  - Strong relationship with other business owners
  - My business brings people to the community

6. Which of the following needs improvement on South Fairfax Avenue? Mark an "X" in the table\*

low priority    medium priority    high priority

	low priority	medium priority	high priority
Sidewalk condition			
Crossing the street			
Slow and calm traffic			
Seating			
Shade			
Street trees			
Lighting			
Other:			

7. Which elements would make Fairfax Avenue better? \*

Please rate each improvement on a scale of 1 to 3 with 1 being the highest priority and 3 being the lowest priority.

Street trees



\_\_\_\_\_

Safer crossings



\_\_\_\_\_

Gateway signage



\_\_\_\_\_

On-street plaza or parklets



\_\_\_\_\_

Public art that reflects local culture



\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Improved sidewalks



\_\_\_\_\_

Artistic crosswalks



\_\_\_\_\_

Bump out the curb at intersections



\_\_\_\_\_

Street furniture (seating, trash cans, etc.)



\_\_\_\_\_

Better lighting



\_\_\_\_\_

8. Do you have any other comments about this project?\*

\_\_\_\_\_

\_\_\_\_\_

9. Would you like to hear more or participate in upcoming events?

If yes, how would you like to be contacted:

Text Updates

Email Updates

Not Interested

FIND OUT MORE:



@LAGreatStreets



@greatstreetslosangeles

## DEMOGRAPHICS (Optional)

11. Below is a list of terms that people use to describe their gender. How do you choose to describe your gender? (Opt.)

- Male
- Female
- Gender fluid/non-binary
- Another gender identity not listed:

12. What races/ethnicities do you consider yourself? (Opt.)

- Black or African American (Africa)
- American Indian or Alaska Native (North American, South American, Central America)
- Asian (Far East, Southeast Asia, Indian)
- Native / Indigenous to North America
- Hispanic/ Latino / Latinx
- Hawaiian or Other Pacific Islander (Hawaii, Guam, Samoa Pacific Islands)
- White
- Middle Eastern/ North African
- Other

13. Age (Opt.)

- 17 and under
- 18 to 24 years old
- 25 to 44 years old
- 45 to 64 years old
- 65 years or over

14. Education (highest level completed) (Opt.)

- Some High school
- High School Graduate or GED
- Professional Certificate
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate Degree

15. Combined Household Income per year? (Opt.)

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$64,999
- \$65,000 to \$79,999
- \$80,000 to \$94,999
- \$95,000 or more

16. What language do you primarily speak at home? (Opt.)

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17. How many vehicles does your household have? (Opt.)

- 0
- 1
- 2
- Other \_\_\_\_\_