



Neighborhoods and Housing Services Department

2017 NEIGHBORHOOD ANNUAL SURVEY

NAME OF ORGANIZATION: _____

1. Have by-laws been submitted to NHSD Yes___ No ___
If not, please submit by-laws

2. Have there been any revisions to your by-laws within the year: Yes___ No ___
If yes, please submit updated information with survey.

3. Were officer elections held this year? Yes___ No___
If yes, please provide updated information

4. How many meetings/activities did your organization hold this year? _____

5. Does your organization take minutes at general neighborhood meetings? Yes___ No___
If yes, please include copies with your survey.

6. Are your meetings open to the public? Yes___ No___

7. What resources are used to announce upcoming neighborhood meetings/events?
Flyers___ Neighborhood Newsletter___ Robo Call___ E-Blast___ Other___

8. What achievements did your organization accomplish in 2017.

CERTIFICATION OF ACCURACY: By signing this document, I hereby certify the information provided is true to the best of my knowledge.

NAME _____

DATE _____

Please Print & Sign

PLEASE RETURN ANNUAL REPORT AND ALL ATTACHED DOCUMENTATION BY MARCH 1, 2018

NEIGHBORHOOD AND HOUSING SERVICES DEPARTMENT
CITY HALL
ATTENTION: SARAH CECIL
414 E. 12TH STREET, 4TH FLOOR
KANSAS CITY, MO 64106