

Title: Strategic Plan, Outreach Survey and Self Assessment Item No. _____	
Meeting date: 9/2/14	
Agendized by: HENCH	
Contact person:	Phone number:
Committee Vote (if appropriate):	
Does this item have a fiscal impact on the Neighborhood Council? ____ Yes ____ No	
Additional documents attached? ____ Yes ____ No	

RECOMMENDATION:

That the NCWP adopt the Strategic plan, outreach survey, and self assessment

BACKGROUND:

These documents are required by DONE and are to serve as guiding documents for the NCWP

DISCUSSION:

n/a

FISCAL ANALYSIS:

nonw

ATTACHMENTS:

Strategic Plan, Self Assessment and Outreach Survey

MOTION:

That the Neighborhood Council approve the NCWP Strategic Plan, Self Assessment, and Outreach Survey and any related documents.