

Association Survey

Date: _____

Name of Association: _____

Contact Person: _____

Street Address: _____ Room/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ FAX: () _____

E-mail: _____ Web Site Address: _____

Note: If your association has more than one local location, include the additional location(s) at the end of the survey.

Mission, purpose and/or goal of your association:

For each of the following community initiatives or projects related to health and human services *or* community and economic development in distressed areas, please check the appropriate box(es).
(CHECK ALL THAT APPLY)

Community Initiative/Project	A. Your Association is Currently Leading or Participating in	B. Your Association Would Like to Become a Leader or Participant in
a. Preparing people for jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Increasing availability of and access to jobs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Fostering entrepreneurship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Promoting economic development in distressed areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Promoting commercial revitalization in lower income areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Fostering commercial real estate improvement in lower income neighborhoods	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Expanding business and industrial development in distressed areas	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Promoting educational reform	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
i. Promoting good health	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
j. Increasing affordable housing and home ownership	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

Community Initiative/Project	A. Your Association is Currently Leading or Participating in	B. Your Association Would Like to Become a Leader or Participant in
k. Promoting youth development	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
l. Increasing availability of recreation opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
m. Promoting arts and culture	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
n. Increasing neighborhood safety	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
o. Fostering racial harmony	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
p. Promoting volunteering	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
q. Fostering community networks	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
r. Connecting neighbors who need help with those who can help	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
s. Building neighborhood trust	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
t. Improving access to transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
u. Beautifying community spaces	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
v. Designing a plan for community renewal	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
w. Other (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
x. Other (Please specify)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

How would your association *most* like to, or how does it plan to, be more involved in improving the community? (BRIEFLY DESCRIBE)

Other Local Location(s)

Street Address: _____

Room/Suite Number: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ FAX: () _____

(Add sheets if necessary)

THANK YOU

Please return your completed survey to
United Way at 106 West Ohio Avenue, Mount Vernon, OH 43050.