

## Collaborative Brainstorming Session Participant List - Instructions

The Participant List forms are used to document and demonstrate how many and what types of stakeholders were involved in the collaborative brainstorming process.

Please have every participant complete the form.

Participants can fill out the form at the end of an event or any time after the event. Participants should not fill out forms before or during the events.

Forms may only be signed by individuals who truly and directly participated in collaborative brainstorming sessions.

The information from all Participant Lists should be tallied and listed in the Summary shown below.

Participants should sign a separate list for each forum/collaboration event they participate in.

### Map

It is suggested that a map of the neighborhood or area be included with each List packet to assist the circulator and signatories in determining where and whether each signatory holds a stake in the neighborhood (i.e., where they live, work, own property, or recreate).

## Collaborative Brainstorming Session Participant List - Summary

Total number of individuals recorded as participating in the collaborative brainstorming process (do not count duplicates): \_\_\_\_\_

Total number of persons who participated in more than one collaborative brainstorming event: \_\_\_\_\_

Total number of signatories that indicated they are not supportive of project ideas and reasons: \_\_\_\_\_

Percentage Breakdown (can exceed 100%) by stakeholder type:

Homeowner: \_\_\_\_ Resident: \_\_\_\_ Facility User: \_\_\_\_ Business Owner: \_\_\_\_ Local Employee: \_\_\_\_ Other: \_\_\_\_

<b>Project Opposition Summary</b>		Please list each reason a project was opposed, and the approximate number of people who opposed a project for the same or similar reasons.
1.	Project and reason for opposing:	
	Number of people opposing for similar reasons: _____	
2.	Project and reason for opposing:	
	Number of people opposing for similar reasons: _____	
3.	Project and reason for opposing:	
	Number of people opposing for similar reasons: _____	

Include additional sheets if necessary to fully explain any item on this page or to include additional information.



# VIBRANT NEIGHBORHOODS GRANT

## COLLABORATIVE BRAINSTORMING SESSION PARTICIPANT LIST

Collaborative brainstorming session date(s): \_\_\_\_\_

Forum/Hosting site : \_\_\_\_\_

Organizer(s): \_\_\_\_\_

Please include contact information.

Neighborhood(s): \_\_\_\_\_

Project idea(s) discussed: \_\_\_\_\_

Sign this *participant list* **only** if:

1. You participated in the collaborative brainstorming session(s) listed above.
2. You are an area stakeholder who would potentially benefit or be impacted by projects discussed.  
(examples: homeowner, resident, business owner, park user, work in the area, etc.)

What makes you a stakeholder in the neighborhood? Check all that apply:

1.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____
2.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____
3.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____
4.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____
5.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____
6.	Signature and Date:  Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood: _____	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments: _____

What makes you a stakeholder in the neighborhood? Check all that apply:

7.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
8.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
9.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
10.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
11.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
12.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
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14.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
15.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:
16.	Signature and Date: Printed Name and contact number or email:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Resident <input type="checkbox"/> Facility User <input type="checkbox"/> Business Owner <input type="checkbox"/> Local Employee Other: _____ Describe your connection to the neighborhood:	Please indicate if you are supportive of the project idea(s) discussed: YES   NO Provide additional comments:

Please have participants fill out this form **AFTER** your brainstorming session.