# MUNICIPAL EXCELLENCE network

# Practice Collection Form

**General Information**

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| --- | --- |
| Date |  |
| Name of Practice |  |
| Name of Municipality |  |
| Municipality Website |  |
| Municipality Email |  |

***INTRODUCTION***

Please complete the questions below in enough detail to inform others of the main points of your practice. Those interested in your practice can contact you directly for specific details should they require additional information.

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| **ABSTRACT:**  What is the practice that you are submitting? (brief description) |
| **GOALS:**  What were the goals, objectives and/or desired outcome of implementing this practice? What need was this addressing in your organization or community? |
| **IMPLEMENTATION:**  What was the process you went through to implement this practice? |
| **EVALUATION:**  How have you evaluated your practice? Are statistics, data, or performance measures available? |
| **BENEFITS:**  How has your municipality benefited from this practice? |
| **KEY LESSONS:**  What key lessons did you/your municipality learn as a result of this practice? |
| **ADVICE TO OTHERS:**  What advice would you give to another municipality that is considering adopting your practice? Is there anything you might have done differently? |

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| **Comments**:  Anything else you would like to mention about this practice? |

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| **AVAILABLE DOCUMENTS:**  Please list any documents that can be shared in relation to this practice (e.g. a bylaw, a policy, approval documents, templates). Those interested will contact you directly for the documents at the website and/or email you have provided above. |