

# Sister City Relationship Annual Report Form

City Clerk's Office  
City Hall, Room 205  
200 E. Wells Street

Milwaukee, WI 53202 PH: (414) 286-2221 WEB: [www.milwaukee.gov/sistercities](http://www.milwaukee.gov/sistercities)



*\*Note: An annual report must be submitted to the Sister Cities Committee within 30 days following the anniversary of the date on which the mayor signed the resolution establishing the relationship.*

## LOCAL SPONSOR ORGANIZATION IN MILWAUKEE

Legal Organization Name

Mailing Address (Address, City, State, Zip Code)

Website

## PERSON IN CHARGE OF ORGANIZATION FOR MILWAUKEE

Name

Phone

Mailing Address (Address, City, State, Zip Code)

Email

## SISTER CITY

Name

Country

Population

## LOCAL SPONSOR ORGANIZATION IN THE SISTER CITY

Legal Organization Name

Mailing Address (Address, City, State, Zip Code)

Website

## PERSON IN CHARGE OF ORGANIZATION IN THE SISTER CITY

Name

Phone

Mailing Address (Address, City, State, Zip Code)

Email

*Please complete the accompanying questionnaire.*

# Sister City Relationship Annual Report Questionnaire

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## Please respond to (attach additional information as necessary) to the following questions:

1. What are the goals, areas of mutual interest, and involvement between Milwaukee and the sister city based on the areas of culture, business, and/or any other aspects?
2. Please identify in length specific activities planned or performed and the methods used by the organization to achieve the goals and objectives for the sister city relationship.
3. Please identify the progress made (or lack thereof) for the goals, objectives, and activities of the organization regarding the sister city relationship. Please provide measurable outcomes and/or results for each activity.
4. Please identify the local organizational structure in Milwaukee that supports the relationship including number of members, their professional and business background, names and contact information.
5. Please provide a current list of Board of Directors and bylaws of your organization.
6. Please provide evidence of local community support for the sister city relationship including financial support, volunteer support, and interest.
7. Please provide information regarding the financial base or resources of the organization available and used to support the sister city relationship.
8. Please identify the local organizational structure in the sister city that supports the relationship including number of members, their professional and business background, and names.
9. Please provide details of communication and consultation with the sister city regarding the existing relationship.