# **2021 Strategic Plans – Community Feedback Form**

Murrindindi Shire Council has been busy developing a number of strategic plans, which will guide our work over the next four years. We’re now seeking community feedback on our

* draft Council Plan 2021-2025, incorporating the 10 Year Financial Plan and Year One Priority Action Plan
* draft Domestic Animal Management Plan
* draft Municipal Public Health and Wellbeing Plan (coming soon - available Friday Aug 20)

You can let us know what you think online at **theloop.murrindindi.vic.gov.au** or use this form for feedback. Note that this form has sections for each Plan - just complete the sections for Plan/s you have looked at and want to comment on. **Feedback closes at 5.00 pm on Sunday 5 September.** We've also included some general questions for all respondents so we can make sure we are hearing from all parts of our community.

What is your name? (optional)

Please provide your preferred contact details?

----------------------------------------------------------------------------------------------------------------------------------

If you are speaking for a group or organisation please include:

What is your location (township)?

What is your connection to Murrindindi Shire?

Live Work Business Regular Visitor

What is your age group?

Under 12 years old 12-17 years old 18-24 years old

25-34 years old 35-44 years old 45-54 years old

55-64 years old 65-74 years old 75 years or older

What is your gender?

Man Non-binary/gender diverse

Woman I’d rather not say

Are you (please tick all that apply)

Aboriginal and/or Torres Strait Islander

A person living with disability or chronic health condition

LGBTIQA+

A person who speaks English as an additional language

I’d rather not say.

*We encourage you to review the draft Plans, before providing your feedback. Paper versions are available.*

**Draft Council Plan feedback form**

Do you support the direction for Council’s work in the next four years, as set out in   
the **draft Council Plan?** Yes No Other

Please provide comments to support your answer. --------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------- ----------------------------------------------------------------------------------------------------------------------------------  
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------ --------

Do you support the direction of the **draft Year 1 Priority Action Plan?**

Yes No Other. *Please provide comments to support your answer*.

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------

Do you support the proposed approaches for Council’s long term financial viability, as set out in the **draft Financial Plan?** Yes No Other

Please provide comments to support your answer.

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------

Draft Municipal Public Health and Wellbeing Plan feedback form  
Do you support the overall direction of the **Health and Wellbeing plan?**   
Yes No Other *Please provide comments to support your answer.*

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Do you think we have considered all members of the community in the Plan?   
Yes No Other *Please provide comments to support your answer.*

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  
**Draft Domestic Animal Management Plan (DAMP) feedback form**

Are you a dog owner?Yes No

Are you a cat owner? Yes No

Are your animals registered with Murrindindi Shire Council?Yes No

Do you think we have considered all members of the community in the **DAMP**?

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Are there any other comments you would like to make in relation to the **DAMP**?

----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Thank you for your feedback.**