



Council Agenda Report

From: Thomas Frutchey, City Manager
Subject: Membership in the National League of Cities
Date: January 17, 2017

Facts

1. The National League of Cities is a national network of over 2,000 cities, towns, villages, and boroughs—plus 49 state municipal leagues—working for constant improvement in America's communities.
2. NLC member benefits, as listed on the NLC website, include the following:
 - Receive *The Weekly* email publication, and other program-specific e-newsletters to stay ahead of the curve
 - Get discounted rates for NLC conferences and seminars: the Congress of Cities & Exposition; the Congressional City Conference; and leadership training seminars
 - Participate in programs to save City time or money through NLC's Business Partnership Programs, many of which are free to all members
 - Get involved with a Policy & Advocacy Committee and help develop NLC's policy positions
 - Join a Member Council, Constituency Group, or other networking group and share ideas to improve the City
 - Sit in on a webinar or audioconference on select topics
 - Access a wealth of resources including action guides, toolkits, research reports, policy analysis, and more on a variety of topics
 - Stay on top of federal activity affecting the City through Legislative Action Alerts and biweekly Federal Relations Updates
3. The City is a member of the League of California Cities. The City Manager is a member of the International City Management Association (ICMA) on behalf of the City.

Options

1. Take no action;
2. Direct the City Manager to submit an NLC membership application for the City;

Analysis and Conclusions

With Councilmember Strong's current involvement in national bodies, membership in the NLC would reinforce those actions and provide him additional credibility and influence, increasing his leadership on behalf of the City. The NLC offices are in the same building as the offices for National Association of Regional Councils (NARC) and the National Association of Counties (NACo); as a result, Councilmember Strong can have multiple contacts on a single visit. (NARC is a recognized authority and leading advocate for regional organizations and solutions that positively impact American communities through effective inter-jurisdictional cooperation. NACo brings county officials together to advocate with a collective voice on national policy.)

If the Council wishes, the City can try out membership for a year and analyze the value gained.

Fiscal Impact

Membership dues for a city our size are \$3,258 per year.

Recommendation

Direct the City Manager to submit an NLC membership application for the City

Attachments

1. NLC Membership Application

Membership Application 2016



NLC NATIONAL
LEAGUE
OF CITIES

CITIES STRONG TOGETHER

Section 1: Municipality Data

Name of Municipality: _____

Address (City Hall): _____

City: _____ State: _____ Zip Code: _____

Billing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____ Web: _____

Twitter: _____ Facebook: _____

Municipality Type:

- City Village Borough
 Town Township Other: _____

Form of Government:

- Mayor /Council Commission
 Council /Manager Town Meeting

Section 2: Municipality Form of Government

Date Founded: _____

Date Incorporated: _____

Fiscal Year Begins: _____

Primary Election Date: _____

General Election Date: _____

Is the Chief Elected Official a member of the governing body:

- Yes
 No

Are governing body terms:

- Concurrent (C)
 Staggered (S)

How is the chief elected official selected?

- Directly by the voters in the general election
 Most votes for seat on governing body during general election
 Selected from the governing body by the governing body
 Other, describe: _____

What is the size of the governing body?

What is the term length for the chief elected official? _____

What is the term length for the members of governing body? _____

Section 3: Municipal Priorities

- | | | |
|---|--|--|
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Transportation | <input type="checkbox"/> Job Growth/Creation |
| <input type="checkbox"/> Sustainability | <input type="checkbox"/> Neighborhood Revitalization | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Fiscal Stability | <input type="checkbox"/> Education | <input type="checkbox"/> Other: _____ |

Section 4: City Official Profile

Submit as many individual profiles for staff as you would like.

CHIEF ELECTED OFFICIAL

Name: _____
 Email: _____
 Term End Date: _____
 Gender: Male Female

Title: _____
 Telephone: _____
 Ethnicity: _____
 Year of Birth: _____

Chief of Staff / Exec. Asst.

Name: _____
 Email: _____

Title: _____
 Telephone: _____

CITY MANAGER

Name: _____
 Email: _____
 Term End Date: _____
 Gender: Male Female

Title: _____
 Telephone: _____
 Ethnicity: _____
 Year of Birth: _____

Chief of Staff / Exec. Asst.

Name: _____
 Email: _____

Title: _____
 Telephone: _____

CITY CLERK

Name: _____
 Email: _____
 Term End Date: _____
 Gender: Male Female

Title: _____
 Telephone: _____
 Ethnicity: _____
 Year of Birth: _____

Section 4: City Official Profile (continued)

PRIMARY MUNICIPAL CONTACT

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

PRIMARY BILLING CONTACT

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

FINANCE DIRECTOR

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

ECONOMIC DEVELOPMENT DIRECTOR

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

CITY ATTORNEY

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

PLANNING DIRECTOR

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Section 4: City Official Profile (continued)

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Section 5: Governing Body

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

MEMBER OF GOVERNING BODY

Name: _____

Email: _____

Term End Date: _____

Gender: Male Female

Chief of Staff / Exec. Asst.

Name: _____

Email: _____

Title: _____

Telephone: _____

Ethnicity: _____

Year of Birth: _____

Title: _____

Telephone: _____

Section 5: Governing Body(Continued)

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

OTHER

Name: _____
Email: _____
Term End Date: _____
Gender: Male Female

Title: _____
Telephone: _____
Ethnicity: _____
Year of Birth: _____

Section 6: Payment of Dues

POPULATION	DUES	POPULATION	DUES
Under 1,000	\$ 263	250,001-275,000	\$ 14,328
1,000-2,000	\$ 536	275,001-300,000	\$ 15,259
2,501-5,000	\$ 809	300,001-325,000	\$ 16,192
5,001-10,000	\$ 1,117	325,001-350,000	\$ 17,118
10,001-20,000	\$ 1,489	350,001-375,000	\$ 18,050
20,001-30,000	\$ 1,861	375,001-400,000	\$ 18,979
30,001-40,000	\$ 3,258	400,001-425,000	\$ 19,910
40,001-50,000	\$ 3,813	425,001-450,000	\$ 20,842
50,001-60,000	\$ 4,467	450,001-475,000	\$ 21,767
60,001-70,000	\$ 5,401	475,001-500,000	\$ 22,698
70,001-80,000	\$ 5,952	500,001-600,000	\$ 23,631
80,001-90,000	\$ 6,697	600,001-700,000	\$ 24,554
90,001-100,000	\$ 7,816	700,001-800,000	\$ 25,490
100,001-125,000	\$ 8,743	800,001-900,000	\$ 26,421
125,001-150,000	\$ 9,674	900,001-1,000,000	\$ 27,352
150,001-175,000	\$ 10,610	1,000,001-1,333,333	\$ 34,607
175,001-200,000	\$ 11,535	1,333,334-1,666,666	\$ 39,073
200,001-225,000	\$ 12,468	Over 1,666,667	\$ 45,000
225,001-250,000	\$ 13,400		

Dues scheduling is based on your city's population as reported in the 2010 Census.

Population as of 2010 census: _____

Dues: _____

PAYMENT METHOD

Check Enclosed

Send Invoice

Visa

MasterCard

American Express

Wire Transfer

Credit Card Number: _____ CSV #: _____ Expr. Date: ____ / ____ / ____

Name as it appears on card: _____

Signature of Card Holder: _____ Date: _____

Section 7: Submit Application

MAIL TO: National League of Cities
Membership Lockbox- 4047
PO Box 17425
Baltimore, MD 21298-8240

FAX TO: (202)-626-3109

EMAIL TO: memberservices@nlc.org