



# PRORAGIS

Information requested below reported for your department's jurisdiction only for the following fiscal year:

The data below is needed to more accurately determine which cities/counties/etc. are the best match for another department seeking a benchmarking source. It also allows us to calculate ratios for per capita costs, revenues, population density and many other data sets of value.

A jurisdiction is a recognized parent of your organization, if one exists, or the geographic boundary of your tax base.

- It is possible that you are your own jurisdiction, as may be the case with certain special taxing districts such as East Bay Regional Park District in California.
- In most cases the jurisdiction will be related directly to the department.
  - Eagan Parks and Recreation Department serves the citizens of Eagan, MN.
- In other cases there may be different or overlapping jurisdictions.
  - The Community Recreation Program for MN Independent School District (ISD) 196 serves part of the Eagan residents as well as some citizens from nearby Roseville and Inver Grove Heights. The ISD 196 jurisdiction is the School District boundary.
- Jurisdiction does not necessarily equal service area.
  - Perry, IA a community with a population of 8,500 has another 2,000 – 2,500 residents of farms and surrounding small communities served by the Perry Parks and Recreation Department. The jurisdiction is the city of Perry.

## Jurisdiction Information

1.	Jurisdiction Name	
2.	Jurisdiction Country <input type="checkbox"/> United States <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> Other _____	
3.	Jurisdiction State/Province	
4.	What is the square mileage that your incorporated jurisdiction serves (estimate if necessary)?	Sq. miles
5.	What is your agency/department's jurisdiction type (type of entity your department/agency represents)?	<input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Township <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Special District <input type="checkbox"/> Regional/Metro Authority <input type="checkbox"/> Independent District/Authority <input type="checkbox"/> School District <input type="checkbox"/> Military Department <input type="checkbox"/> Tribal Lands/Reservation <input type="checkbox"/> Other _____

## Jurisdiction Information

6.	Jurisdiction Total Operating Budget	\$
7.	Jurisdiction Capital Budget	\$
8.	Jurisdiction Current Median per Capita Income (from census data or estimates)	\$
9.	Please provide the population of your jurisdiction (estimate if necessary)?	#
10.	Percentage of jurisdiction population that is younger than 18 years of age	%
11.	Percentage of jurisdiction population that is older than 65 years of age	%
12.	Percentage of jurisdiction population that is below the poverty line	%
13.	Jurisdiction population growth rate 2000-2010 (from census data or estimates)	%
14.	<b>Jurisdiction Ethnic Distribution</b>	%
	White/Caucasian	%
	Black/African American	%
	Hispanic or Latino (any race) or Spanish Origin	%
	American Indian/Alaska Native	%
	Asian	%
	Native Hawaiian/Pacific Islander	%
	Other (please specify): _____	%
	Total	100%
15.	Please indicate any other publicly funded service providers operating in your jurisdiction (check all that apply):	<input type="checkbox"/> Charter Schools <input type="checkbox"/> PAL <input type="checkbox"/> YMCA/YWCA <input type="checkbox"/> Boys and Girls Clubs <input type="checkbox"/> Another Public Agency <input type="checkbox"/> Other _____

Information requested below reported for your department only for the following fiscal year:

Departments Details are focused on benchmarking. Information about boards and organization structures including department responsibilities can help explain variances in ratios and make the benchmarking exercise more accurate.

## Governing/Trustee/Policy Board

1.	Does your department/agency have a governing board? (If no, please skip 2a-2d and go to the Advisory Board section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a.	If yes, is your governing board appointed or elected?	<input type="checkbox"/> Appointed <input type="checkbox"/> Elected
2b.	Is your governing board Independent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2c.	Are board members paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how much annually?	\$
2d.	For what is the governing board responsible? (check all that apply)	<input type="checkbox"/> Approves Policies <input type="checkbox"/> Approves Staff Hires <input type="checkbox"/> Approves Budgets <input type="checkbox"/> Sets Tax Rates <input type="checkbox"/> Trustees of fees and charges revenue <input type="checkbox"/> Capital budgets and projects <input type="checkbox"/> Interacting with the public <input type="checkbox"/> Other _____

## Advisory Board

1.	Does your department/agency have an advisory board? (If no, please skip 2a-2c and go to the Specific Department Responsibilities section.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a.	If yes, to whom does the advisory board give advisory services? (check all that apply)	<input type="checkbox"/> Department Head <input type="checkbox"/> City Mgr./Admin. <input type="checkbox"/> Elected Council <input type="checkbox"/> Mayor or Elected Chair <input type="checkbox"/> Other _____
2b.	For what is the advisory board responsible? (check all that apply)	<input type="checkbox"/> Reviews Budgets <input type="checkbox"/> Reviews Policies <input type="checkbox"/> Reviews Staff Hires <input type="checkbox"/> Reviews Fees and Charges <input type="checkbox"/> Reviews Capital Projects <input type="checkbox"/> Interacting with the public <input type="checkbox"/> Other _____
2c.	Are advisory board members paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how much annually?	\$

## Specific Department Responsibilities

The following section represents specific departmental responsibilities that are of interest to many other departments. This question is asked to aid in Benchmarking Departments with similar responsibilities.

1.	Does your department...	Yes	No	N/A	If No, please list responsible organization
	a. Provide Recreation programming and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b. Operate parks and facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Maintain street trees and medians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d. Actively Manage Open Space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	e. Maintain public School grounds and recreational facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	f. Maintain Jurisdiction public areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	g. Manage major aquatic complex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	h. Manage or maintain public Cemeteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	i. Manage or maintain Fairgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	j. Maintain, manage or lease Indoor Performing Arts center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	k. Manage Historic Properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	l. Administer or manage Farmer's Markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	m. Administer Community Gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	n. Manage large performance outdoor Amphitheaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	o. Administer or manage Professional or college-type stadium/arena/racetrack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	p. Administer or manage Tournament/Event quality Indoor Sports Complexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	q. Administer or manage Tournament/Event quality Outdoor Sports Complexes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	r. Conduct major Jurisdiction wide special events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	s. Do you have snow plowing responsibility other than in the parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	t. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	u. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	v. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Department Structure and Responsibilities

Department Organization Hierarchy			
1.	Please indicate the job titles associated with your top three positions in your department.		
	Top Level Position:		
	<input type="checkbox"/> CEO	<input type="checkbox"/> Executive Director	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Commissioner	
	Second Level Position:		
	<input type="checkbox"/> COO/CAO/CFO	<input type="checkbox"/> Deputy	<input type="checkbox"/> Chief
	<input type="checkbox"/> Assistant	<input type="checkbox"/> Director	<input type="checkbox"/> Other _____
	Third Level Position:		
	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Manager	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Director	<input type="checkbox"/> Chief	
Department Functions - Information Technology			
2.	Does your department have an Activity Registration/Recreation Program and Membership management system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	a. If yes, is the system for registration only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	b. If yes, is the system for recreation program management only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c. If yes, is the system for recreation systems management only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	d. If yes, who has primary responsibility for Application Administration and Maintenance?	<b>Dept.</b> <input type="checkbox"/>	<b>Juris.</b> <input type="checkbox"/>
		<b>Other</b> _____	
3.	Does your department have a Computer-aided Maintenance Management System (CMMS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, who has primary responsibility for Application Administration and Maintenance for each of the following:	<b>Dept.</b>	<b>Juris.</b>
	a. Grounds Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
	b. Forestry/Horticulture/Landscaping	<input type="checkbox"/>	<input type="checkbox"/>
	c. Building and Structures Maintenance including roads and parking lots etc.	<input type="checkbox"/>	<input type="checkbox"/>
	d. Fleet maintenance including licensed, rolling stock	<input type="checkbox"/>	<input type="checkbox"/>
	e. Non-motorized and small engine repairs	<input type="checkbox"/>	<input type="checkbox"/>
		_____	
4.	Does your department have Automated Administrative Systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, who has primary responsibility for Application Administration and Maintenance for each of the following:	<b>Dept.</b>	<b>Juris.</b>
	a. Budget Tracking	<input type="checkbox"/>	<input type="checkbox"/>
	b. Purchasing	<input type="checkbox"/>	<input type="checkbox"/>
	c. Time and Attendance	<input type="checkbox"/>	<input type="checkbox"/>
	d. Accounts Payable	<input type="checkbox"/>	<input type="checkbox"/>
	e. Accounts Receivable	<input type="checkbox"/>	<input type="checkbox"/>
	f. Workmen's Compensation Records	<input type="checkbox"/>	<input type="checkbox"/>
		_____	

## Department Structure and Responsibilities

Department Functions - Finances				
5.	For the following department functions, who has primary responsibility for...	<b>Dept.</b>	<b>Juris.</b>	<b>Other</b>
	a. Budgets	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Grants	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Strategic and Business Planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Purchasing	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Accounting	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f. GASB-34 Administration	<input type="checkbox"/>	<input type="checkbox"/>	_____
Department Functions - Human Resources				
6.	For the following department functions, who has primary responsibility for...	<b>Dept.</b>	<b>Juris.</b>	<b>Other</b>
	a. Recruiting, Hiring, and Retention	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Training and Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Time and Attendance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Wage and Salary Schedules	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Fringe Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____
Department Functions - Risk Management				
7.	For the following department functions, who has primary responsibility for...	<b>Dept.</b>	<b>Juris.</b>	<b>Other</b>
	a. Safety	<input type="checkbox"/>	<input type="checkbox"/>	_____
Department Functions - Operations				
8.	For the following department functions, who has primary responsibility for...	<b>Dept.</b>	<b>Juris.</b>	<b>Other</b>
	a. Facility Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Environmental Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Historic Preservation	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Park Rangers, Police	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Marketing	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f. Aquatics Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g. Water Resources Management	<input type="checkbox"/>	<input type="checkbox"/>	_____
Department Functions - Maintenance				
9.	For the following department functions, who has primary responsibility for...	<b>Dept.</b>	<b>Juris.</b>	<b>Other</b>
	a. Grounds Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Building Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Bridges, Roads, and Parking Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Fleet Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Forestry (includes horticulture, landscapes, nursery operations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Department Structure and Responsibilities

Department Functions - Planning and Development				
10.	For the following department functions, who has primary responsibility for...	Dept.	Juris.	Other
	a. Master Planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Site Planning	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Capital Acquisition	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Capital Development	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Capital Design	<input type="checkbox"/>	<input type="checkbox"/>	_____

The data requested in this section will allow us to calculate ratios such as cost per attendee, revenue per attendee, and specifics about programs that may result in identifying program best practices, benchmarking and grant opportunities for your department.

## Programs Information

1.	What is your total annual number of participants attending programs, classes and small events? [Programs are defined as a one-time activity per group such as a nature study program, nature walk, site tour etc.; Classes are defined as a multi-session activity with the same participants such as an aerobics class, pottery class, etc.; and small events such as an art fair or Halloween haunted house. Do not include large special events or sports leagues]	#	
2.	Does your department charge non-resident fees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Programs Offered</b>			
1.	Does your department offer the following programs or classes?	<b>Yes</b>	<b>No</b>
a.	Visual Arts and Crafts	<input type="checkbox"/>	<input type="checkbox"/>
b.	Performing Arts	<input type="checkbox"/>	<input type="checkbox"/>
c.	Health and wellness	<input type="checkbox"/>	<input type="checkbox"/>
d.	Fitness	<input type="checkbox"/>	<input type="checkbox"/>
e.	Martial Arts	<input type="checkbox"/>	<input type="checkbox"/>
f.	Trips and tours	<input type="checkbox"/>	<input type="checkbox"/>
g.	Organized team sports	<input type="checkbox"/>	<input type="checkbox"/>
	Does your department run youth sports leagues?	<input type="checkbox"/>	<input type="checkbox"/>
	Does your department run adult sports leagues?	<input type="checkbox"/>	<input type="checkbox"/>
h.	Golf program	<input type="checkbox"/>	<input type="checkbox"/>
i.	Tennis programs	<input type="checkbox"/>	<input type="checkbox"/>
j.	Water safety	<input type="checkbox"/>	<input type="checkbox"/>
k.	Environmental Education/Nature Study/Cultural History	<input type="checkbox"/>	<input type="checkbox"/>

## Programs Information

2.	Does your department offer the following opportunities?	<b>Yes</b>	<b>No</b>	
a.	Summer Camp	<input type="checkbox"/>	<input type="checkbox"/>	
	<p style="text-align: right;">If yes, how many weeks of camp? _____ weeks</p> <p style="text-align: right;">Number of campers per week: _____ Campers/wk</p>			
	Does your department provide feeding programs for summer camp?	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Before and after school programs	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department provide feeding programs for Before School programs?	<input type="checkbox"/>	<input type="checkbox"/>	
	<p style="text-align: right;">If yes, how many participants per week? _____ Participants/wk</p>			
	Does your department provide feeding programs for After School programs?	<input type="checkbox"/>	<input type="checkbox"/>	
	<p style="text-align: right;">If yes, how many participants per week? _____ Participants/wk</p>			
c.	Preschool	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Full Daycare	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Specific Teen programs	<input type="checkbox"/>	<input type="checkbox"/>	
f.	Senior Programs	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department provide meals for seniors?	<input type="checkbox"/>	<input type="checkbox"/>	
	<p style="text-align: right;">If yes, how many meals are served annually? _____ meals</p> <p style="text-align: right;">If yes, how many seniors are served per week? _____ seniors/wk</p>			
g.	Programs for people with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department make accommodation for inclusion in activities?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you conduct Individual Assessments of clients with significant disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
	Do you provide program opportunities for people with significant disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	
h.	Community gardens	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department manage an edible garden program?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department manage a farmer's market?	<input type="checkbox"/>	<input type="checkbox"/>	
	Does your department rent or permit spaces for gardens?	<input type="checkbox"/>	<input type="checkbox"/>	
i.	Major Special Events	<input type="checkbox"/>	<input type="checkbox"/>	
	List 3 titles and dates of events below. For example, Apple Festival; October 3, 2011; October 7, 2011; <a href="http://www.appfest.org">www.appfest.org</a> .			
	<b>Event Title</b>	<b>Start Date</b>	<b>End Date</b>	<b>Contact Website</b>

## Budget and Funding - Annual Data

Besides providing a look at the financial support and distribution this data is the basis for most of the truly valuable ratios needed for credible management of the department.

Is the data reported below actual or budgeted?		<input type="checkbox"/> Actual <input type="checkbox"/> Budgeted
Please indicate the month in which your department's fiscal year ends:		
<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September
<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December
1.	What are your department's TOTAL operating expenditures for your fiscal year?	\$
2.	What percentage of your total operating expenditures are in the following categories? (Percentages must add to 100%)	%
	Personnel Services (expenditures for all salaries, wages and benefits)	%
	Operations (expenditures for all functions of the Department)	%
	Capital (expenditures for capital equipment, capital projects and debt services paid from the operating funds)	%
	Other, please describe:	%
	<b>TOTAL</b>	<b>100%</b>
3.	What percentage of your total operating expenditures was dedicated to the following functions? (Percentages must add to 100%)	
	a. Department's Top Executives and related staff.	%
	b. Administrative (Human Resources, Finance, Accounting, etc.)	%
	c. Operations (expenditures associated with staffing and operating facilities)	%
	d. Programs (expenditures associated with programming classes and all events)	%
	e. Maintenance (expenditures associated with maintaining, buildings grounds structures and fleet)	%
	f. Planning and Development (expenditures associated with acquisition, planning, design, development management, etc.)	%
	g. Debt service	%
	h. Other, please describe: _____	%
	<b>TOTAL</b>	<b>100%</b>

## Budget and Funding - Annual Data

4.	What percentage of your total operating expenditures came from the following sources? (Percentages must add to 100%)	
	a. Jurisdiction general fund	%
	b. Agency fees and charges	%
	c. Tax levy (specific parks and recreation)	%
	d. School District Taxes	%
	e. Foundation Grants	%
	f. Sponsorships, please describe:	%
	g. Endowment, please describe:	%
	h. Special use taxes, please describe:	%
	i. State Grants	%
	j. Federal Grants	%
	k. Other, please describe: _____	%
	l. Other, please describe: _____	%
	m. Other, please describe: _____	%
<b>TOTAL</b>	<b>100%</b>	
5.	What percentage of your annual revenues came from the following sources? (Percentages must add to 100%)	
	a. Facility entry fees/memberships	%
	b. Programs and class fees and charges	%
	c. Facility Rentals	%
	d. Facility, property or ROW leases	%
	e. Concessions, resale items	%
	f. Sale of real property	%
	g. Other, please describe: _____	%
	h. Other, please describe: _____	%
<b>TOTAL</b>	<b>100%</b>	
<b>Capital Budget</b>		
6.	What is your department's total capital budget?	\$
7.	What is your department's amount of renovation need?	\$
8.	What is your department's amount of new capital need?	\$
9.	What percentage of your annual capital construction and acquisition budget came from the following sources? (Percentages must add to 100%)	
	Local government general fund (tax supported)	%
	Local government dedicated fund (non-general funds)	%
	General obligation bonds	%
	Revenue bonds	%
	State grants/funding	%
	Federal grants/funding	%
	Private grants/funding	%
	Gifts	%
	Other, please describe: _____	%
	Other, please describe: _____	%
	<b>TOTAL</b>	<b>100%</b>

## Budget and Funding - Annual Data

10.	What percentage of your annual capital construction and acquisition budget was dedicated to: (Percentages must add to 100%)	
	Design	%
	Construction	%
	Acquisition	%
	Renovation	%
	Other, please describe:	%
	<b>TOTAL</b>	<b>100%</b>
11.	Did you pass one or more bond referendums in 2010?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, what was the dollar amount of the referendum(s) approved?	\$
	Percentage of the vote for the referendum	%

### Budget and Funding - Optional Top Level Historical Data

1.	Please complete the following based on actual figures for your department/agency. Estimate if necessary. (if data for all years are not available, please provide as much as possible)					
		<b>Actual</b>				
		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	Operation Expenditures	\$	\$	\$	\$	\$
	Revenues	\$	\$	\$	\$	\$
	Capital Construction and Acquisition	\$	\$	\$	\$	\$
Number of Full-time Equivalent Employees (FTEs)*	#	#	#	#	#	
*Full-time equivalent employees (FTEs) can be calculated by taking the total hours worked by employees DIVIDED by 2080 hours.						
2.		<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
	If you passed one or more bond referendums in the last 5 years, what was the dollar amount of the referendum(s) approved?	\$	\$	\$	\$	\$
	Percentage of the vote for the referendum	%	%	%	%	%

## Personnel Information

The ability to identify the staffing levels for each department function is important for budgeting as well as benchmarking, best practices and planning for new facilities.

Is this data actual or budgeted?			<input type="checkbox"/> Actual <input type="checkbox"/> Budgeted			
1.	How many full-time (full-benefit/year-round) positions are in your parks and recreation department budget?	#				
2.	How many non-full-time employee positions are in your parks and recreation department budget? (Seasonal employees, part-time employees, contract employees, etc.)	#				
3.	How many volunteers are in your parks and recreation department?	Number of Volunteers		#		
		# of Hours Worked by Volunteers		Hrs.		
4.	What was the total personnel expense for the parks and recreation department for the year? (please include salaries and wages, bonuses, payroll taxes, employee benefits, retirement plan contributions, etc.)	\$				
5.	Do you have employees that are members of and represented by unions for wage and benefits negotiations and grievance processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
6.	Please indicate the number of Full-time and Non-full time employees that your department/agency had for the year in the following functional areas and your department's Total Salaries and Wages dedicated to each functional area. For non-full time employees, we are requesting the Total Annual Hours Worked so we can calculate the full-time equivalent in order to provide an apples-to-apples comparison with other departments.					
		<b>Full-Time</b>		<b>Non-Full-Time</b>		
	<b>Department Category</b>	<b># of Employees</b>	<b>Annual Salaries &amp; Wages</b>	<b># of Employees</b>	<b>Total Annual Hours Worked</b>	<b>Annual Salaries and Wages</b>
a.	Department's top executives and related staff	#	\$	#	#	\$
b.	Administrative (Human Resources, Finance, Accounting, etc.)	#	\$	#	#	\$
c.	Operations (staffing and operating facilities)	#	\$	#	#	\$
d.	Programs (programming classes and all events)	#	\$	#	#	\$
e.	Maintenance (maintaining buildings grounds structures and fleet)	#	\$	#	#	\$
f.	Planning and Development (acquisition, planning, design, development management, etc.)	#	\$	#	#	\$
g.	Other _____	#	\$	#	#	\$
h.	TOTAL	#	\$	#	#	\$

## Facilities

This information is needed to identify the magnitude of the departments operation as it relates to funding, personnel, and other factors in this profile.

1. Which of the following facilities does your parks and recreation department/agency operate?							
	Facility	Offers this facility		Charges a fee for use of facility		Rents the facility for private use	
		Yes	No	Yes	No	Yes	No
a.	Recreation/community center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
		Total SF _____					
b.	Fitness Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
		Total SF _____					
c.	Visitor center [Jurisdiction or All parks Center with exhibits and publications]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
e.	Tot Lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
f.	Tennis court (indoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
g.	Tennis court (outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
h.	Basketball court (outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
i.	Swimming pool (indoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Competition Pools:	# _____					
	Non-Competition Pools:	# _____					
J.	Swimming pool (outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Competition Pools.....	# _____					
	Non-Competition Pools.....	# _____					
k.	Water park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Skate Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Senior center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# _____					
		Total SF _____					
n.	Equestrian Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Ice skating rink (indoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# of Sheets of ice _____					
p.	Ice skating rink (outdoor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		# of ice rinks _____					

## Facilities

1.	Which of the following facilities does your parks and recreation department/agency operate?						
	Facility	Offers this facility		Charges a fee for use of facility		Rents the facility for private use	
		Yes	No	Yes	No	Yes	No
q.	Rectangular fields (e.g. football/soccer) Football ..... # _____ <b>Soccer, Lacrosse, and Field Hockey:</b> (a) Regulation size..... # _____ (b) Small-sided fields..... # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Diamond fields (e.g. baseball/softball) <b>Baseball fields:</b> # with 90 ft base path fields.. # _____ # with 50-65 ft base path fields with mound ..... # _____ <b>Softball fields:</b> # with no mound-youth ..... # _____ # with no mound-adult ..... # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Museums/Historic Sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Sports stadium/arena # Indoor or outdoor stadium(s)/arena(s)..... # _____ # Total seating capacity..... # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Campgrounds # Campsites..... # _____ # RV sites..... # _____ # Campstores ..... # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v.	Lake/River Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w.	Ocean/Beach access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x.	Marina/livery # Boat ramp(s)..... # _____ # Boat/canoe rentals..... # _____ # Slip rentals..... # _____ # Fuel station ..... # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y.	Water skiing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z.	Picnic areas with shelters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa.	Gyms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb.	Rock climbing wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Facilities

1. Which of the following facilities does your parks and recreation department/agency operate?							
	Facility	Offers this facility		Charges a fee for use of facility		Rents the facility for private use	
		Yes	No	Yes	No	Yes	No
cc.	Golf course: Total number of holes..... Total number of Championship holes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
	# _____						
dd.	Driving Range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
ee.	Zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff.	Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg.	Farm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
hh.	Volleyball court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii.	Dog Park	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
jj.	Mini-Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kk.	Multipurpose Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
ll.	Conference Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
mm.	Mountain Biking Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
mm.	BMX Track	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
oo.	Nature/Interpretive Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
pp.	Water Trails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Miles of trails _____						
qq.	Teen Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rr.	Performing and/or Visual Arts/Community Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
ss.	Community gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	# _____						
tt.	Formal Gardens/Arboretum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uu.	Theater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vv.	Cemetery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ww.	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Land Information

Information concerning the resources managed and maintained also provides a sense of the magnitude of operations and provides basic information about a department's operations.

1.	Total Park Attendance - including visitors and program participants (estimate if necessary)	#
2.	How many individual parks or sites does your department/agency maintain and/or have management responsibility over?	Number of Parks or Sites #
		Total Number of Acres acres
3.	What percent of your acreage is developed for parks and recreation purposes?	%
4.	What percent of your acreage is undeveloped?	%
5.	Of the undeveloped land for which your department has management responsibility over or maintains, how many acres of land are:	Designated Open Space Acres acres
		Conservation Lands - Managed Habitat acres
		Preservation Land Acres (no management) acres
6.	What is the total mileage of greenways and trails managed by your agency?	a. Multi-purpose - No Equestrian miles
		b. Multi-purpose - Equestrian permitted miles
		c. Hiking/walking only miles
		d. Bicycling only miles
		e. Equestrian only miles
		f. Other _____ miles
		Total (sum of lines 6a. - 6f.) miles