# PRORAGIS Large Agency

**PRORAGIS**
*your data. compare and improve.*

## PRORAGIS Large Agency – Introduction

It's now easier than ever to start your PRORAGIS profile.  PRORAGIS Large Agency is designed so that your agency can enter essential operations in a streamlined way to start taking advantage of data reports that will help your agency now and in the future.  The goal of PRORAGIS Large Agency is to provide you with the best research available while keeping your input time to a minimum.  We encourage agencies to complete all seven survey sections of their PRORAGIS profile so that you can receive the full benefits of PRORAGIS but we understand that you have to start somewhere.  Get started on your PRORAGIS Large Agency profile today!

*Note:  To be classified as a 'Large Agency', your agency must have a budget of over $4 Million or more than 25 full-time employees, or a jurisdiction population of more than 35,000. All information filled out under this PRORAGIS Large Agency Profile will be populated to the respective sections of your online PRORAGIS profile. To obtain the full benefit of the PRORAGIS database you will need to complete all  seven survey sections of your PRORAGIS profile.*

## PRORAGIS Operations Large Agency - Content

The sections and elements are as follows:

A.  **Operating sections**

   1.  Jurisdiction Information

   2.  Department Structure and Responsibilities

   3.  Programs Information

   4.  Budget/Funding – Annual Data

   5.  Personnel Information

   6.  Facilities

   7.  Parklands – Land Information

# PRORAGIS Operations Large Agency Strategies

*Materials needed:*

**Jurisdiction Questions** – Obtain the jurisdiction budget and the Quick Facts Census page. The land area can be found at the bottom of the Quick Facts Census page.

**Specific Department Responsibilities Questions** – These are Yes and No answers and should be fairly obvious. If you don't know who provides the function leave it blank. Also, if you do some work and another agency does some work, answer Yes or No depending on who does the majority of the work.

**Programs Information Questions** – If you are not familiar with the recreation programs gather the last year's program promotion documents for reference. Either the budget or Recreation Director should be able to provide an attendance number.

**Budget/Funding – Annual Data Questions** – You will need a copy of your agency's operating and capital budget. They may be in separate locations in the budget. The department's Total Operating Budget (TOB) includes all expenditures for the year. They may be shown as Personnel, Operations, and Capital or Equipment. Sometimes the TOB is made up of monies from various separate sources such as revenue funds, enterprise funds, independent tax sources such as levies and similar. Be sure to include all sources that affect your agency's operation.

**Personnel Information Questions** – The personnel information may be summarized in the budget. If it is not ask for the related printouts for full-time staff with all charged benefits, and the non-full-time printouts with all charged benefits. If you're fortunate your HR person can provide you with the answers.

**Facilities Questions** – Again, a lengthy list but all Yes or No questions. If you are unsure leave the facility blank. Many agencies have a matrix that shows parks on one axis and facilities on the other axis. If you don't have one it may be worth creating because it will help with your GIS element as well.

**Parklands – Land Information Questions** – The Park Director should have the overall attendance for the parks and facilities. Make sure it includes the program attendance number given earlier. A distinction is made between parks with public facilities and sites owned by parks that may be maintenance facilities, undeveloped land, small parcels, etc.

# Department Contact Information

| | | |
|---|---|---|
| | Department/Agency Name *(This is how your agency will appear in PRORAGIS)* | |
| | Jurisdiction(s) Served | |
| | Department Street Address 1 | |
| | Department Street Address 2 | |
| | Department City | |
| | Department State | |
| | Department Zip | |
| | Department Primary Phone | |
| | Department General E-mail Address | |
| | Website *(if department does not have website, enter "none")* | |
| PRORAGIS Primary Contact | | |
| | Contact Name | |
| | Title | |
| | Phone | |
| | Street Address 1 | |
| | Street Address 2 | |
| | City | |
| | State | |
| | Zip | |
| | E-mail | |
| PRORAGIS Secondary Contact | | |
| | Contact Name | |
| | Title | |
| | Phone | |
| | Street Address 1 | |
| | Street Address 2 | |
| | City | |
| | State | |
| | Zip | |
| | E-mail | |

# Please enter the fiscal year for the data being reported:

The data below is needed to more accurately determine which cities/counties/entities are the best match for another department seeking a benchmarking source. It also allows PRORAGIS 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.
  - o Eagan Parks and Recreation Department serves the citizens of Eagan, MN.
- In other cases there may be different or overlapping jurisdictions.
  - o The Community Recreation Program for MN Independent School District (ISD) 196 serves part of the Eagan residents as well as some citizens from other nearby communities. The ISD 196 jurisdiction is the school district boundary.
- Jurisdiction does not necessarily equal service area.
  - o Perry IA, a community with a population of almost 8,000, 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<br>*Provide the legal name of the jurisdiction you serve (e.g., City of XXXXX, etc.)* | |
| 2. | Jurisdiction Country<br>☐ United States ☐ Canada ☐ Mexico ☐ Other _____ | |
| 3. | Jurisdiction State/Province | |
| 4. | What is the Total Area that your incorporated jurisdiction serves? | *Acres*<br>*Hectares*<br>*Sq. Miles* |
| 5. | What is your department's jurisdiction type? | _____ |
| 6. | Jurisdiction Total Operating Budget | $ |
| 7. | Jurisdiction Total Capital Budget | $ |
| 8. | Please indicate any other publicly funded service providers operating in your jurisdiction (check all that apply): | ☐Charter Schools ☐Police Athletic League (PAL)<br>☐YMCA/YWCA ☐Boys and Girls Clubs<br>☐Another Public Agency ☐Other _____ |
| The following data, including area (sq. mi.) of your Jurisdiction can be found at http://quickfacts.census.gov/qfd/index.html |||
| 9. | Jurisdiction per Capita Income (from census data or estimates) | $ |
| 10. | Jurisdiction Median Household Income (from census data or estimates) | $ |
| 11. | Jurisdiction population (estimate if necessary)? | # |
| 12. | Percentage of jurisdiction population younger than 18 years of age | % |
| 13. | Percentage of jurisdiction population older than 65 years of age | % |
| 14. | Percentage of jurisdiction population below the poverty line | % |
| 15. | Jurisdiction population growth rate 2000-2010<br>*(from census data or estimates)* | % |

# Jurisdiction Information

| 16. | **Jurisdiction Ethnic Distribution** (will not necessarily total to 100%) | |
|---|---|---|
| | White/Caucasian Persons | **%** |
| | Black/African American Persons | **%** |
| | American Indian/Alaska Native Persons | **%** |
| | Asian Persons | **%** |
| | Native Hawaiian/Pacific Islander Persons | **%** |
| | Hispanic or Latino (any race) or Spanish Origin Persons | **%** |
| | Other (please specify):_____ | **%** |

# Department Structure and Responsibilities

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.

## Boards

| 1. | Does your department/agency have a board?<br>(If no, please skip the Governing and Advisory Board sections and go directly to the section titled "Specific Department Responsibilities.) | ☐Yes   ☐No |
|---|---|---|
| 2. | If yes, is it a governing board or an advisory board? | ☐Governing   ☐Advisory |

## Governing/Trustee/Policy Board   (if you have a Governing/Trustee/Policy Board please answer the following questions)

| 1. | Is your governing board appointed or elected? | ☐Appointed<br>☐Elected |
|---|---|---|
| 2. | Is your governing board Independent? | ☐Yes   ☐No |
| 3. | Are the board members paid? A stipend or salary beyond meeting expenses. | ☐Yes   ☐No |
| | If yes, on average, how much is each board member paid annually? | $ |
| 4. | For what is the governing board responsible?<br> (check all that apply) | ☐Approves Policies   ☐Approves Staff Hires<br>☐Approves Budgets   ☐Interacting with the public<br>☐Trustees of fees and charges revenue<br>☐Approves Capital budgets and  Projects<br>☐Sets Tax Rates   ☐Other_____ |

## Advisory Board   (if you have an Advisory Board please answer the following questions)

| 1. | To whom does the advisory board give advisory services?<br>(check all that apply) | ☐Department Head   ☐City Mgr./Admin.<br>☐Elected Council   ☐Mayor or Elected Chair<br>☐ Other_____ |
|---|---|---|
| 2. | For what is the advisory board responsible?<br> (check all that apply) | ☐Reviews Budgets   ☐Interacting with the public<br>☐Reviews Staff Hires ☐Reviews Fees and Charges<br>☐Reviews Policies   ☐Reviews Capital Projects<br>☐ Other_____ |
| 3. | Are the board members paid? A stipend or salary beyond meeting expenses. | ☐Yes   ☐No |
| | If yes, on average, how much is each board member paid annually? | $ |

## Department Structure and 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 | ☐ | ☐ | ☐ | |
| | b. Operate parks and facilities | ☐ | ☐ | ☐ | |
| | c. Maintain street trees and medians | ☐ | ☐ | ☐ | |
| | d. Actively manage open space<br>*Natural or passively developed lands.* | ☐ | ☐ | ☐ | |
| | e. Maintain public school grounds and recreational facilities | ☐ | ☐ | ☐ | |
| | f. Maintain jurisdiction public areas<br>*This might include the police and fire stations, library grounds, city hall grounds and similar.* | ☐ | ☐ | ☐ | |
| | g. Manage major aquatic complex | ☐ | ☐ | ☐ | |
| | h. Manage or maintain public cemeteries | ☐ | ☐ | ☐ | |
| | i. Manage or maintain fairgrounds | ☐ | ☐ | ☐ | |
| | j. Maintain, manage or lease indoor performing arts center | ☐ | ☐ | ☐ | |
| | k. Manage historic properties | ☐ | ☐ | ☐ | |
| | l. Administer or manage farmer's markets | ☐ | ☐ | ☐ | |
| | m. Administer community gardens | ☐ | ☐ | ☐ | |
| | n. Manage large performance outdoor amphitheaters | ☐ | ☐ | ☐ | |
| | o. Administer or manage professional or college-type stadium/arena/racetrack | ☐ | ☐ | ☐ | |
| | p. Administer or manage tournament/event quality indoor sports complexes *(Basketball, tennis, fitness, indoor track, etc.)* | ☐ | ☐ | ☐ | |
| | q. Administer or manage tournament/event quality outdoor sports complexes *(Any of a variety of venues from team sports to golf, skiing, fishing or gun sports, etc.)* | ☐ | ☐ | ☐ | |
| | r. Conduct major jurisdiction wide special events<br>*Festivals, carnivals, annual celebrations or events, etc.* | ☐ | ☐ | ☐ | |
| | s. Have snow plowing or leaf collection responsibility other than in the parks | ☐ | ☐ | ☐ | |
| | t. Provide environmental education or natural history interpretive programs | ☐ | ☐ | ☐ | |
| | u. Other _____ | ☐ | ☐ | ☐ | |
| | v. Other _____ | ☐ | ☐ | ☐ | |
| | w. Other _____ | ☐ | ☐ | ☐ | |

# Department Structure and Responsibilities

| Department Organization Hierarchy | | | |
|---|---|---|---|
| 1. | Please indicate the job titles associated with your top three positions in your department. <br><br> Top Level Position: <br> ☐ CEO  ☐ Superintendent  ☐ Executive Director  ☐ Commissioner  ☐ Other_____ <br> Second Level Position: <br> ☐ COO/CAO/CFO  ☐ Deputy Director  ☐ Assistant  ☐ Chief  ☐ Other_____ <br> Third Level Position: <br> ☐ Director  ☐ Superintendent  ☐ Manager  ☐ Chief  ☐ Other_____ | | |

**Department Functions - Information Technology**

| 2. | Does your department have an automated Recreation Management System? | ☐Yes | ☐No | |
|---|---|---|---|---|
| | a. If yes, is the system for program/activity registration only? | ☐Yes | ☐No | |
| | b. If yes, is the system for recreation program management only? | ☐Yes | ☐No | |
| | c. If yes, is the system for recreation systems management only? | ☐Yes | ☐No | |
| | d. If yes, is the system web-based? | ☐Yes | ☐No | |

| | | **Dept.** | **Juris.** | **Other** |
|---|---|---|---|---|
| | e. If yes, who has primary responsibility for application administration and maintenance? | ☐ | ☐ | _____ |

| 3. | Does your department have a Computer-aided Maintenance Management System (CMMS)? | ☐Yes | ☐No | |
|---|---|---|---|---|
| | If yes, is the system web-based? | ☐Yes | ☐No | |

| | If yes, who has primary responsibility for application administration and maintenance for each of the following: | **Dept.** | **Juris.** | **Other** |
|---|---|---|---|---|
| | a. Grounds maintenance | ☐ | ☐ | _____ |
| | b. Forestry/Horticulture/Landscaping | ☐ | ☐ | _____ |
| | c. Building and structures maintenance, including roads and parking lots | ☐ | ☐ | _____ |
| | d. Fleet maintenance, including licensed, rolling stock | ☐ | ☐ | _____ |
| | e. Non-motorized and small engine repairs | ☐ | ☐ | _____ |

| 4. | Does your department have Automated Administrative Systems? | ☐Yes | ☐No | |
|---|---|---|---|---|

| | If yes, who has primary responsibility for application, administration and maintenance for each of the following: | **Dept.** | **Juris.** | **Other** |
|---|---|---|---|---|
| | a. Budget tracking | ☐ | ☐ | _____ |
| | b. Purchasing | ☐ | ☐ | _____ |
| | c. Time and attendance | ☐ | ☐ | _____ |
| | d. Accounts payable | ☐ | ☐ | _____ |
| | e. Accounts receivable | ☐ | ☐ | _____ |
| | f. Workmen's compensation records | ☐ | ☐ | _____ |

**Department Functions - Risk Management**

| 5. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
|---|---|---|---|---|
| | a. Safety | ☐ | ☐ | _____ |
| | b. OSHA compliance | ☐ | ☐ | _____ |

# Department Structure and Responsibilities

| Department Functions - Finances | | Dept. | Juris. | Other |
|---|---|---|---|---|
| 6. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
| | a. Budgets | ☐ | ☐ | _____ |
| | b. Grants | ☐ | ☐ | _____ |
| | c. Strategic and business planning | ☐ | ☐ | _____ |
| | d. Purchasing | ☐ | ☐ | _____ |
| | e. Accounting | ☐ | ☐ | _____ |
| | f. GASB-34 Administration | ☐ | ☐ | _____ |

| Department Functions - Human Resources | | Dept. | Juris. | Other |
|---|---|---|---|---|
| 7. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
| | a. Recruiting, hiring, and retention | ☐ | ☐ | _____ |
| | b. Training and development | ☐ | ☐ | _____ |
| | c. Time and attendance | ☐ | ☐ | _____ |
| | d. Wage and salary schedules | ☐ | ☐ | _____ |
| | e. Fringe benefits | ☐ | ☐ | _____ |

| Department Functions - Operations | | Dept. | Juris. | Other |
|---|---|---|---|---|
| 8. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
| | a. Facility management | ☐ | ☐ | _____ |
| | b. Environmental management | ☐ | ☐ | _____ |
| | c. Historic preservation | ☐ | ☐ | _____ |
| | d. Park Rangers, Police | ☐ | ☐ | _____ |
| | e. Marketing | ☐ | ☐ | _____ |
| | f. Aquatics management | ☐ | ☐ | _____ |
| | g. Water resources management | ☐ | ☐ | _____ |

| Department Functions - Maintenance | | Dept. | Juris. | Other |
|---|---|---|---|---|
| 9. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
| | a. Grounds maintenance | ☐ | ☐ | _____ |
| | b. Building maintenance | ☐ | ☐ | _____ |
| | c. Bridges, roads, and parking maintenance | ☐ | ☐ | _____ |
| | d. Fleet maintenance | ☐ | ☐ | _____ |
| | e. Forestry *(includes horticulture, landscapes, nursery operations, etc.)* | ☐ | ☐ | _____ |

| Department Functions - Planning and Development | | Dept. | Juris. | Other |
|---|---|---|---|---|
| 10. | For the following department functions, who has primary responsibility for... | **Dept.** | **Juris.** | **Other** |
| | a. Master planning | ☐ | ☐ | _____ |
| | b. Site planning | ☐ | ☐ | _____ |
| | c. Capital acquisition | ☐ | ☐ | _____ |
| | d. Capital development | ☐ | ☐ | _____ |
| | e. Capital design | ☐ | ☐ | _____ |

# Programs Information

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.

| | | | |
|---|---|---|---|
| 1. | What is your total annual number of participants attending programs, classes and small events? | # | |
| 2. | Does your department charge non-resident fees? | ☐Yes    ☐No | |
| **Programs Offered** | | | |
| 1. | Does your department offer the following programs or classes? | **Yes** | **No** |
| a. | Visual arts and crafts *Painting, drawing, pottery, sculpture, etc.* | ☐ | ☐ |
| b. | Performing arts *Music, dance, drama, poetry, etc.* | ☐ | ☐ |
| c. | Health and wellness *Cooking, gardening, balance, yoga, etc.* | ☐ | ☐ |
| d. | Fitness *Aerobics, Zumba, spinning, etc.* | ☐ | ☐ |
| e. | Martial arts *Karate, judo, tai chi, etc.* | ☐ | ☐ |
| f. | Trips and tours *Excursions for entertainment or shopping, etc.* | ☐ | ☐ |
| g. | Organized team sports *Baseball, softball, soccer, basketball, football, lacrosse, Swimming, field hockey, etc.* | ☐ | ☐ |
| | Does your department run youth sports leagues? | ☐ | ☐ |
| | Does your department run adult sports leagues? | ☐ | ☐ |
| h. | Golf program | ☐ | ☐ |
| i. | Tennis programs | ☐ | ☐ |
| j. | Water safety | ☐ | ☐ |
| k. | Environmental Education/Nature Study/Cultural History | ☐ | ☐ |
| 2. | Does your department offer the following opportunities? | **Yes** | **No** |
| a. | Summer camp    If yes, how many weeks of camp?  _____weeks    Number of campers per week:  _____campers/wk | ☐ | ☐ |
| | Does your department provide feeding programs for summer camp? *Do you provide snacks and meals for participants or do they bring food from home?* | ☐ | ☐ |
| b. | Before and after school programs | ☐ | ☐ |
| | Does your department provide feeding programs for before school programs? *i.e. Do you serve breakfast to participants?*    If yes, how many participants per week? | ☐  _____Participants/wk | ☐ |
| | Does your department provide feeding programs for after school programs? *i.e. Do you provide snacks or meals for participants?*    If yes, how many participants per week? | ☐  _____Participants/wk | ☐ |

## Programs Information

| 2. (cont'd) | Does your department offer the following opportunities? | Yes | No |
|---|---|---|---|
| c. | Preschool | ☐ | ☐ |
| d. | Full daycare  *Mon - Fri 7 AM to 6 PM, etc.* | ☐ | ☐ |
| e. | Specific teen programs | ☐ | ☐ |
| f. | Senior programs | ☐ | ☐ |
| | Does your department provide meals for seniors? | ☐ | ☐ |
| | If yes, how many meals are served annually? | _____meals | |
| | If yes, what is the average number of seniors served per week? | _____seniors/wk | |
| g. | Programs for people with disabilities | ☐ | ☐ |
| | Does your department make accommodation for inclusion in activities? | ☐ | ☐ |
| | Do you conduct individual assessments of clients with significant disabilities? | ☐ | ☐ |
| | Do you provide program opportunities for people with significant disabilities? | ☐ | ☐ |
| h. | Community gardens | ☐ | ☐ |
| | Does your department manage an edible garden program? | ☐ | ☐ |
| | Does your department manage a farmer's market? | ☐ | ☐ |
| | Does your department rent or permit spaces for gardens? | ☐ | ☐ |
| i. | Major Special Events | ☐ | ☐ |

List 3 titles and dates of events below. For example, Apple Festival; October 3, 2011; October 7, 2011; www.appfest.org.

| Event Title | Start Date | End Date | Contact Website |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

# 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.  Percentages are used because they allow for a better comparative analysis of departments that may have differing sized budgets. For example if you have a budget of $5 million and you wish to benchmark a department with a budget of $10 Million it is more valid to compare ratios and percentages of expenditures and revenues than it is to compare dollar amount.

| | | |
|---|---|---|
| Is the data reported below actual or budgeted? | | ☐Actual        ☐Budgeted |
| Please indicate the month in which your department's fiscal year ends: <br> *If the fiscal year runs from July 1 to June 30 check June as the ending month. If you have a biennial budget use the annual dates as the response.* | | |
| **Operating Expenditures** | | |
| 1. | What are your department's TOTAL **operating expenditures** for your fiscal year? | $ |
| 2. | What percentage of your total **operating expenditures** is in the following categories? <br> *The method of accounting for budgeted expenditures varies between departments across the nation. Generally speaking the budget amounts can be placed in one of the three categories listed below. (Percentages must add to 100%)* | |
| | a.   Personnel services | **%** |
| | b.   Operations | **%** |
| | c.   Capital | **%** |
| | d.   Other, please describe: _____ | **%** |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |
| 3. | What percentage of your **total operating expenditures** was dedicated to the following functions? <br> *This question allows for examining the distribution of expenditures and gives insight into the priority for your expenditures. This will include the personnel, operations and operating capital allocated to each function. There are no right or wrong answers.* | |
| | a.   Department's top executives and related staff | **%** |
| | b.   Administrative | **%** |
| | c.   Operations  *Expenditures associated with staffing and operating facilities.* | **%** |
| | d.   Programs  *Expenditures associated with programs, classes and all events.* | **%** |
| | e.   Maintenance | **%** |
| | f.   Planning and development | **%** |
| | g.   Debt service  *Interest paid on bonds or other loans usually for capital expenses.* | **%** |
| | h.   Other, please describe: _____ | **%** |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |

## Budget and Funding - Annual Data

| 4. | What percentage of your total **operating expenditures** came from the following sources? <br> *Many departments are looking at new ways and means to fund their operations. The following categories are intended to let others know the source the funds used on operating expenditures. Categories are defined as needed.* | |
|---|---|---|
| | a.   Jurisdiction general fund | % |
| | b.   Agency fees and charges | % |
| | c.   Tax levy | % |
| | d.   School district taxes | % |
| | e.   Foundation grants   *Account for any grants rcvd. in the year being recorded (PYA or BYP).* | % |
| | 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: _____ | % |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |

### Revenues

| 5. | What are your department's TOTAL **non-tax revenues** for your fiscal year? | $ |
|---|---|---|
| 6. | What percentage of your annual non-tax revenues came from the following sources? | |
| | 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: _____ | % |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |

### Capital Budget

| 7. | What is your department's total capital budget? | $ |
|---|---|---|
| 8. | What is your department's amount of renovation need? | $ |
| 9. | What is your department's amount of new capital need? | $ |

## Budget and Funding - Annual Data

| | | |
|---|---|---:|
| 10. | **What percentage of your annual capital construction and acquisition budget came from the following sources?** <br> *The percentages below should be calculated based on the total Capital budget dollars indicated in Question 7.* | |
| | a.   Local government general fund (tax supported) | % |
| | b.   Local government dedicated fund (non-general funds) | % |
| | c.   General obligation bonds | % |
| | d.   Revenue bonds | % |
| | e.   State grants/funding          *Funding allocated from state grants.* | % |
| | f.   Federal grants/funding          *Funding allocated from federal grants.* | % |
| | g.   Private grants/funding          *Funding allocated from private grants.* | % |
| | h.   Gifts and sponsorships | % |
| | i.   Other, please describe:_____ | % |
| | j.   Other, please describe: _____ | % |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |
| 11. | **What percentage of your annual capital construction and acquisition budget was dedicated to:** <br> *The dollar amount in Question 7 is the basis for calculating the percentages for the categories below. Include only those expenditures that were charged to the capital funds.* | |
| | a.   Design      *Conceptual and construction drawings* | % |
| | b.   Construction       *Construction management or implementation if occurring in-house.* | % |
| | c.   Acquisition      *The cost of land or other physical assets, including appraisals legal steps etc.* | % |
| | d.   Renovation | % |
| | e.   Other, please describe: | % |
| | **TOTAL**  *(Percentages must add to 100%)* | **%** |
| 12. | Did you pass one or more bond referendums in the fiscal year for which you are reporting? | ☐Yes  ☐No |
| | If Yes, 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? | | ☐Actual ☐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? | # | | | |
| 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? | $ | | | |
| 5. | Do you have employees that are members of and represented by unions for wage and benefits negotiations and grievance processes? | ☐Yes ☐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.

| | | Full-Time | | Non-Full-Time | | |
|---|---|---|---|---|---|---|
| | Department Category | # of Employees | Annual Salaries & Wages | # of Employees | Total Annual Hours Worked | Annual Salaries and Wages |
| a. | Department's top executives and related staff | # | $ | # | # | $ |
| b. | Administrative  *HR, Finance, Accounting, etc.* | # | $ | # | # | $ |
| c. | Operations  *Staffing and operating facilities* | # | $ | # | # | $ |
| d. | Programs  *Programming classes and all events* | # | $ | # | # | $ |
| e. | Maintenance  *Buildings, grounds, structures, and fleet* | # | $ | # | # | $ |
| f. | Planning and Development  *Acquisition, planning, design, construction 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. For each of the facilities listed below click either yes or no indicating whether or not you operate these facilities. If you lease a given facility to a concessionaire please indicate that yes, you do operate the facility.  Please see the online PRORAGIS Profile for additional descriptions for the various facilities.

| 1. | Which of the following facilities does your parks and recreation department/agency operate? | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Facility** | **Department Operates and/or Offers this facility** | | **Department Charges a fee for use of facility** | | **Department Rents the facility for private use** | |
| | | Yes | No | Yes | No | Yes | No |
| a. | Recreation/community center  #_____  Total SF _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| b. | Fitness center  #_____  Total SF _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| c. | Visitor center | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| d. | Playground  #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| e. | Tot lots  #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| f. | Tennis court (indoor)  #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| g. | Tennis court (outdoor)  #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| h. | Basketball court (outdoor)  #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| i. | Swimming pool (indoor)  Competition Pools #_____  Non-Competition Pools #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| J. | Swimming pool (outdoor)  Competition Pools #_____  Non-Competition Pools #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| k. | Water park | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| l. | Spraygrounds/splash pools | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| m. | Skate park | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| n. | Senior center  #_____  Total SF _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| o. | Equestrian center | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| p. | Ice skating rink (indoor)  # of Sheets of ice_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| q. | Ice skating rink (outdoor)  # of ice rinks_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Facilities

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

## Facilities

| 1. | Which of the following facilities does your parks and recreation department/agency operate? | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Facility** | **Department Operates and/or Offers this facility** | | **Department Charges a fee for use of facility** | | **Department Rents the facility for private use** | |
| | | Yes | No | Yes | No | Yes | No |
| dd. | Golf course:<br>  Total number of holes #_____<br>  Total number of Championship<br>   holes #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ee. | Driving Range<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ff. | Zoo | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| gg. | Library | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| hh. | Farm | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ii. | Volleyball court | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| jj. | Dog Park<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| kk. | Mini-Golf | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ll. | Conference center<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| mm. | Mountain biking trails<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| nn. | BMX track | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| oo. | Nature/Interpretive center<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| pp. | Water trails<br><br>Miles of trails_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| qq. | Teen center | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| rr. | Performing and/or Visual Arts/Community center #_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ss. | Community gardens<br><br>#_____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| tt. | Formal gardens/Arboretum | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| uu. | Theater | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| vv. | Cemetery | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ww. | Other _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| xx. | Other _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| yy. | Other _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

# Parklands  -  Land Information

Information concerning the resources managed and maintained provides a sense of the magnitude of operations and provides basic information about a department's operations.  Please note, if your department/agency does not maintain and/or have management responsibility over parks or park lands, please skip this section.

| | | Parks | Non-Park Sites | Total |
|---|---|---|---|---|
| 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? | **Parks** | **Non-Park Sites** | **Total** |
| | Number of Parks or Sites *In addition to the named parks, departments frequently have small-sized lots that they are required to maintain. Include those small sites under the Non-Park Sites column.* | | | |
| | Total Number of Acres | | | acres |
| 3. | Of the total acreage your department/agency maintains and/or has management responsibility over, what percent is developed for parks and recreation purposes? | | | % |
| 4. | Of the undeveloped land for which your department has management responsibility over or maintains, how many acres of land are: | Designated Open Space Acres *Receives no development except some permitted passive facilities such as benches, trails, photo blinds and similar.* | | acres |
| | | Conservation Lands - Managed Habitat *Lands that are managed for an express natural species feature or successional stage.* | | acres |
| | | Preservation Land Acres (no management) *Areas intentionally left untouched by trails or other facilities for environmental baseline, or research purposes. Use by permit only.* | | acres |
| 5. | 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 5a. - 5f.) | | miles |

**When you have completed all of the information ĂďŽ|Ğ,**
**click on the following button to send this form to NRPA.**

If your system does not support automatic submit
Email this form to proragis@nrpa.org