

Santa Barbara Local Agency Formation Commission
Request for Information for Municipal Service Reviews

Please complete the following Request for Information (RFI) from your agency for the Municipal Service Review that is now beginning for your service area. If possible, use an electronic copy of this form to fill in your responses and provide the completed form electronically. If you are using a hard copy, please add more pages as needed to complete your answers.

Your completed RFI is due to the Santa Barbara LAFCO office by _____. If you have any questions, please call _____ with the Santa Barbara LAFCO office at _____.

A. AGENCY DESCRIPTION

A-1. Official name of the City or Special District:

A-2. Type of Agency:

- General law city. Skip to question 4
- Charter city. Skip to question 4
- Independent special district
- Dependent special district
- If city of county agency, type of service_____

A-3. Name of Contact: The individual who will coordinate your response to the questionnaire and will serve as your liaison with LAFCO for this project:

Name:
Title:
Address:

Phone:
Fax:
Email:

Name of Alternate Contact The individual to contact when the primary contact is unavailable:

Name:
Title:
Address:

Phone:
Fax:
Email:

A-4. Principal Act (i.e., the statute under which the agency was formed and operates. The answer should identify specific laws or statutory code sections.)

A-5. Date the agency was created or established:

A-6. Governing Body: Describe the method of selecting your governing body, whether elections or appointments are at large or by division, and your schedule of regular meetings

A-7. Organizational Chart: Does your agency have an organizational chart? Yes No

If “yes” enclose a copy of your current organization chart.

B. SERVICES PROVIDED

B-1. Types of Services that are Provided by your City/District:

Indicate which of the following types of municipal services your agency provides. If you contract with another agency to deliver the service, indicate the name of the provider. Otherwise we assume that your agency is the actual service provider.

In responding, please describe briefly how specific types of services are provided.

Law enforcement and public safety

Police Protection – Patrol and Detectives

Police Protection – Traffic law enforcement

Fire Prevention

Fire Suppression

Paramedic or Emergency Medical Response

Search and Rescue

Ambulance or medical transport services

Hospital services

Mosquito/Vector Control

Other – List and describe any related types of services your agency is providing

Community services

- Land Use Planning and regulations
- Building and Safety Permits and Inspections
- Public Parks (active parks)
- Public Open Space (passive parks and open space)
- Public Recreation Programs
- Golf courses
- Zoos
- Library services
- Transit (Passenger Transportation)
- Cemeteries/interments
- General aviation airports
- Marinas and small boat harbors
- Other – List and describe any related types of services your agency is providing

Utility services

- Water Conservation
- Wholesale Water Supply
- Retail Water Delivery
- Wastewater Collection
- Wastewater Treatment and Disposal
- Retail electrical distribution
- Refuse Collection and Recycling
- Refuse Disposal (landfills)
- Street and Road Maintenance

- Maintenance of bridges, culverts and appurtenant facilities
- Street Lighting
- Drainage and runoff facilities
- Flood Control
- Storm water disposal
- Resource and Soil Conservation
- Other – List and describe any related types of services your agency is providing

B-2. Contract Service to Other Agencies: Does your agency provide service by contract to other agencies? If so, with what agencies?

- Yes. Identify the client agency(ies), type of service and geographic areas served in this manner.
- No

B-3. Mutual or Automatic Aid Agreements. Do you maintain mutual aid or automatic aid agreements? If so, with what agencies?

- Yes. Identify the agency(ies), type of service and areas served in this manner.
- No

B-4. Joint Powers Authorities:

- a.) List all of the joint powers authorities (JPAs) or joint decision-making efforts to which your agency belongs or participates.
- b.) What is the purpose of each of the JPAs?

C. FINANCIAL STATUS

C-1. Agency Budget: Enclose your last two most recently adopted budgets (FY 2002-03 and FY 2003-04).

Does your agency follow the GASB 34 accounting standards? Describe, for example, funding sources, rate structure, cost per unit of service, emergency funding strategy, depreciation policies, reserve policies for lawsuits and other potential liabilities, and so forth. If there have been programmatic changes, such as new regulatory requirements, that have impacted your budget, please describe.

C-2. Rate Schedule: Enclose your current rate schedule.

C-3. Comprehensive Annual Financial Report (CAFR) or Independent Audited Financial Statement: Attach your **two** most recent comprehensive annual financial reports. Indicate which have been attached and the auditing firm for each year:

- FY 2002-03
- FY 2001-02
- FY 2000-01

C-4. Governing board compensation

Describe all compensation and benefits for members of the governing body, including any limitations on such payments.

C-5. Capital Improvement Plan (CIP): Does your agency have an adopted CIP?

- Yes No

If “yes” enclose a copy of the most recent CIP.

C-6. Public Debt::

a.) Does your agency have any outstanding debt?

- Yes No

If “yes” describe the purpose of the debt, the type of debt and issuing organization, and how the debt is being retired. Enclose the most recent official statement.

b.) What is your agency’s bond rating, if known? From which rating agency did you receive the rate, and when was it determined?

C-7. Debt default: Has your agency ever defaulted on repayment of any bonds or other debt?

- Yes No If “yes”, explain the date and circumstances.

C-8. Outstanding Litigation: Has your agency been a party to any legal actions in the past five years? If so, describe. Is there outstanding litigation at this time? If so, describe.

D. SERVICE AREA

D-1. Customers: Who is considered a “customer” of your agency? How do you track “customers,” (i.e., population; dwelling units; households, connections, parcels, etc.)? How many customers are currently receiving service?

D-2. Customers Outside Boundaries: Do you serve customers outside of your boundaries? If so, please describe. Do you have interagency agreements to serve specific customers?

D-3. Anticipated Geographic Expansions:

a.) Do you feel that your agency's boundary is correct at this time? Yes No

b.) Are there areas that your agency desires or plans to serve that are not now within its boundaries or its sphere of influence?

Yes No If "yes", identify the areas.

c.) Are there areas your agency currently serves that might be served more efficiently by another agency?

Yes No If "yes", identify the areas.

D-4. New Connection Policies: Does your agency have policies that give preference to adding new customer connections in locations where the required infrastructure already exists or will become available?

Yes No If "yes", explain the connection policies.

E. FUTURE PLANNING

E-1. Agency Goals: How does your agency set and adopt long range goals and objectives?

If your agency has adopted any of the following planning documents, please provide a copy (if not provided in response to another question) and indicate below what documents are being submitted:

Mission Statement enclosed

Strategic Plan enclosed

Five-year master plan, work plan or goals enclosed

Five-year Capital Improvement Plan (CIP)

Other adopted goals enclosed _____

E-2. Plans: Which of the following documents are prepared by or adopted by your agency? Do you rely on some of these documents prepared by other agencies? Enclose a copy of the most current of each (with map, if applicable):

General Plan of land uses and land use map

Master Plan - Public Facilities

Master Services Plan

Urban Water Management Plan

- Watershed Management Plan
- Groundwater Management Plan
- Other: adopted plans enclosed _____
- _____
- _____

E-3. Population and Growth Projections: The Commission is considering having the Santa Barbara County Association of Governments (SBCAG) prepare growth projections for the Municipal Service Reviews. Existing and future population estimates will be adjusted to your city or district boundaries using GIS techniques.

Do you have alternative projections that you think the Commission should consider in place of or in addition to the SBCAG Regional Growth Forecast 2000 projections?

- Yes No

If “yes”, explain your population forecast recommendations.

E-4. Service Demand Projections: Does your agency prepare service demand projections for the next 5, 10, and/or 20 years? Yes No

If yes, how are the service demand projections prepared? Explain how these projections are correlated with the population forecasts.

E-5. Future Challenges and Issues. What regulatory issues or other challenges do you see confronting your agency in the next 12 months? In the next five years?

F. LEVEL OF SERVICE

F-1. Regulatory, Permitting and Accrediting Agencies:

a.) List agencies from which you receive permits, licenses or accreditations and for what purposes. When was your permit, license or accreditation last renewed and how frequently is it reviewed? Provide a copy of the latest permits, licenses or accreditation and the accompanying evaluation report.

b.) Do you prepare or receive annual reports or inspection reports from these agencies? For other agencies? Please explain and provide a copy of the latest reports.

F-2. Industry Standards: Are there standards that apply to services your agency provides? If so, who defines them, where are they published, and what are they?

F-3. Productivity and Performance Monitoring:

- a.) Does your agency have level of service standards? Are these standards used by similar agencies? Who sets the level of service standards, (e.g., professional organizations and permitting agencies)? Please describe or explain.
- b.) How does your agency track its workload? Examples might be call volumes, response times, gallons served or treated, number of employees, etc.
- c.) How are the efficiency and quality of agency operations evaluated? Who conducts the evaluations? Are the evaluation procedures internal, external, or both?
- d.) How do you solicit customer feedback and comments? Do you use customer surveys, etc.?

F-4. Staff Qualifications and Productivity:

- a.) What is the ratio of employees to clients served? How does this compare with industry standards?
- b.) What Safety Plans and Injury and Illness Prevention Plans have been adopted by your agency? Please describe briefly and provide a copy of the adopted plans. What is your agency's safety record for the last five years?
- c.) What staff licenses and certifications are necessary for operations? How many agency employees hold the required licenses and certifications?
- d.) What training has been provided for agency employees during the last two years?
- e.) Has your agency conducted any salary surveys during the last five years?
 Yes No

If yes, please provide a copy.

F-5. Public Outreach: Describe your agency's efforts to broadcast governing body meetings, disseminate minutes, encourage voter participation and keep constituents/customers apprised of your activities.

F-6. Distinguished Service (Optional Question): Describe any awards, honors or other accomplishments of your agency or its personnel within the last five years.

G. SERVICE EFFICIENCY AND COST SAVING OPPORTUNITIES

G-1. Cost Saving Opportunities.

- a.) What actions has your agency taken in the last five years to save money, lower expenses or improve services at the same costs? Examples might include competitive bidding; interagency purchasing or other agreements, sharing operational staff and so forth.

- b.) What cost saving plans do you have for the future?

G-2. Jurisdictional Reorganizations:

- a.) Have partial or complete reorganizations of your agency or consolidations with other agencies been considered or completed during the past 10 years? Yes No

If “yes” describe.

- b.) Are there structural reorganizations such as consolidations or reorganizations that your agency thinks should be evaluated in the next few years to benefit recipients of your agency’s services or improve the provision of services generally?
 Yes No

If “yes” explain. What hurdles or obstacles do you foresee in making such a change?

G-3. Joint Functions: List or describe any joint functions with other agencies that your agency has instituted to improve services or reduce costs. Examples include joint purchasing with similar agencies, common maintenance, sharing staffs and so forth.

G-4. Joint or Shared Capital Facilities or Services: Does your agency jointly own or share capital facilities or services with other agencies?

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Within Santa Barbara County | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Outside of Santa Barbara County | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please describe.

H. ADDITIONAL INFORMATION

Please provide a copy of any other plans, reports or documents that you feel would be useful to LAFCO as it reviews municipal services and sphere of influence issues.