

# **Tulare County Local Agency Formation Commission (LAFCO)**

## **Municipal Services Review Questionnaire Study**

### **INSTRUCTION PAGE**

By January 1, 2008, each Local Agency Formation Commission (LAFCO) is required to conduct a review of municipal services provided by each local agency. Pursuant to Government Code section 56430, Tulare County LAFCO is conducting a Municipal Services Review (MSR) for local service agencies under its jurisdiction. A MSR is a means of identifying and addressing the relationships between regional issues, goals and objectives and the various service options available. Although MSRs may not directly change how services are provided, they will furnish affected agencies, the public, and LAFCO with a tool to understand public service conditions. In addition, the MSRs are required to be completed before any district or city's Sphere of Influence (SOI) can be updated.

Tulare County LAFCO is conducting two types of MSRs. A full comprehensive review for cities and districts which provide multiple municipal services and a less comprehensive questionnaire study for districts which provide a single municipal service such as yours. The comprehensive studies have been completed and are available at our website: <http://www.co.tulare.ca.us/lafco/MSRs.asp>.

As your agency is both the subject of this review and capable of providing the necessary information, you are being asked to participate in the MSR. The data you provide will assist LAFCO in making the following required determinations:

1. Infrastructure needs or deficiencies;
2. Growth and population projections for the affected area;
3. Financing constraints and opportunities;
4. Cost avoidance opportunities;
5. Opportunities for rate restructuring;
6. Opportunities for shared facilities;
7. Government structure options, including advantages and disadvantages of consolidation or reorganization of service providers;
8. Evaluation of management efficiencies; and
9. Local accountability and governance.

Please complete this Questionnaire for the Municipal Service Review that is being conducted for your district and return by June 15, 2007.

This form is also available electronically on the LAFCO website listed above. Fill in your responses and provide the completed form electronically via e-mail ([msegura@co.tulare.ca.us](mailto:msegura@co.tulare.ca.us)). You can adjust the spacing as needed. If you are using this hard copy, please add more pages as needed to complete your answers.

It is only necessary to provide information once. It is sufficient to reference another section of the form rather than repeating information. If the requested information is available in another document, you can respond in the questionnaire by referencing that document and the page the information is located on and providing a copy of all referenced materials.

Please return your completed questionnaire and all necessary attachments to:

Marcos Segura  
Tulare County LAFCO  
5961 S Mooney Blvd  
Visalia, CA 93277

Or, if possible, please submit an electronic copy of the completed questionnaire to:

[msegura@co.tulare.ca.us](mailto:msegura@co.tulare.ca.us).

Based on the information collected in this questionnaire, a draft MSR will be completed by LAFCO staff. This draft will be sent to your district for review and comment before being submitted to the Commission for adoption.

If you have any questions regarding the MSR process or the contents of this questionnaire, please contact Jason Waters at (559)733-6291 or at the above e-mail address.

# Tulare County Local Agency Formation Commission (LAFCO) Municipal Services Review Questionnaire Study

## A. AGENCY DESCRIPTION

1. **Official name of the Special District:**

2. **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:

3. **Date** the agency was created or established:

4. **Governing Body:** Describe the method of selecting your governing body, whether elections or appointments are at large or by geographical division, your schedule of regular meetings and where meeting agendas are posted.

**Organizational Chart:** Does your agency have an organizational chart? If yes, please enclose a copy.

Yes.  No

7. **Employees:** List the number of employees by category (i.e. executive, management, professional, operational) and status (full time, part time, seasonal or contract).

	Executive	Management	Professional	Operational
Full-time				
Part-time				
Seasonal				
Contract				

**B. SERVICES PROVIDED**

**1. Types of Services that are Provided by your District:**

Indicate what 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.

**2. Contract Service to Other Agencies:** Does your agency provide service by contract to other agencies? If yes, please identify the client agency(ies), type of service and geographic areas served in this manner.  Yes.  No

**3. Mutual or Automatic Aid Agreements.** Do you maintain mutual aid or automatic aid agreements? If yes, please identify the agency(ies), type of service and areas served in this manner.  Yes.  No

**4. Joint Powers Authorities:** Is your agency part of any Joint Powers Authorities (JPAs)? If yes, what is the purpose of each of the JPAs?  Yes.  No

### C. SERVICE AREA & INFRASTRUCTURE

1. **Customers:** Who is considered a “customer” of your agency? How do you track “customers,” (i.e., population; dwelling units; connections, parcels, etc.)?

- Population  
 Dwelling Units  
 Connections  
 Parcels  
 Other: \_\_\_\_\_

How many customers are currently receiving service?

2. **Customers Outside Boundaries:** Do you serve customers outside of your boundaries? If so, please describe.  Yes.  No

3. **Service Needs:** How are service needs established? What standards and thresholds are used (i.e. response times or gallons served)? Are these standards used by similar agencies? Who sets these standards?

4. **Service Capacities:** For districts which provide water and/or sewer service, please list current capacities and actual flows. For districts which provide health care services, please list current capacities in beds and average % occupancy. For districts which provide emergency services (fire or ambulance) please list average response times.

5. **Infrastructure:** What types of infrastructure does the district own? (i.e. offices and buildings, wells, pipelines, systems, vehicles, playgrounds, etc...).

6. **Inadequate Service:** Identify types of infrastructure and/or service that your agency would consider inadequate. If deficiencies exist, have regulatory violations resulted? Please include a description of known deficiencies and their cause(s).

7. **Infrastructure Enhancement:** What plans does the district have for expanding or acquiring new infrastructure for replacement, upgrades and service expansion?

8. **Anticipated Geographic Expansions:**

a.) Do you feel that your agency's sphere and district boundaries are adequate at this time?  
 Yes.  No

b.) Is your agency currently considering expanding its boundaries? If "yes", please identify these potential future services areas  Yes.  No

c.) Are there areas your agency currently serves that might be served more efficiently by another agency? If "yes", please identify the areas.  Yes.  No

**D. FINANCIAL STATUS**

1. **Agency Budget:** Please enclose your agency's most recently adopted budget.

2. **Rate Schedule:** Please enclose your current rate schedule.

3. **Finances:** Describe funding sources, rate structure, cost per unit of service, emergency funding strategy, depreciation policies, reserve policies for lawsuits, other potential liabilities, and other financial factors that affect your ability to operate. Please describe any programmatic changes, such as new regulatory requirements, that have impacted your budget.

**E. FUTURE PLANNING**

**1. Agency Goals:**

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
- Strategic Plan
- Master Plan, work plan or goals
- Capital Improvement Plan (CIP)
- Other adopted goals: \_\_\_\_\_

**2. Service Demand Projections:** Does your agency prepare population and service demand projections? If yes, how are the service demand projections prepared?  Yes.  No

**3. 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?

**4. Coordination:** Do you coordinate and/or receive assistance from other agencies in planning for future growth and service needs? If so which agencies?  Yes.  No

**F. EXTERNAL PRODUCTIVITY AND PERFORMANCE MONITORING:**

**1. Regulatory, Permitting and Accrediting Agencies:** Are there agencies from which you receive permits, licenses or accreditations? If yes, then list.  Yes.  No



1. **Agency Organizations/Reorganizations Considered:** Has the agency considered consolidation or reorganization of itself with other agencies? If so, what issues have been drivers or deterrents to such changes?  Yes.  No

2. **Agency Organizations/Reorganizations Recommendations:** Does the agency recommend any government or agency structure options such as consolidation or reorganization that could benefit service users? Please explain.  Yes.  No

**I. 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.

**By signing below, preparer and responsible party verifies that the information provided herein is deemed reliable and approved for LAFCO's use in preparing a Municipal Service Review.**

**Name of Preparer:**

**Position of Preparer:**

**Address of Preparer:**

**Phone Number:**

**E-mail of Preparer:**

**Date and Signature of  
Preparer:\_\_\_\_\_**

***If Different From The Above:***

**Name of Responsible Party:**

**Position of Responsible Party:**

**Address of Responsible Party:**

**Phone Number of Responsible Party:**

**E-mail of Responsible Party:**

**Date and Signature of Responsible  
Party:\_\_\_\_\_**