

Program Evaluation Form

Lee Municipal Facility Needs Analysis

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We are requesting Staff's assistance with completing the following survey to help determine current and future space needs for the Town. Please complete this questionnaire with input from you and your staff and return to Julie Glover by Thursday, 21 November 2016. We will also be scheduling follow-up interviews with you to discuss these space needs. Thank you for your assistance.

1. Name of Department: _____
2. Phone Number of Department: _____
Email for Department: _____
3. Name of Person Completing Form: _____
4. Employees:
 - a. Current number of full time: _____
 - b. Current number of part time: _____
 - c. Number of full time employees anticipated by the year 2020: _____
 - d. Number of full time employees anticipated by the year 2035: _____
 - e. Number of part time employees anticipated by the year 2020: _____
 - f. Number of part time employees anticipated by the year 2035: _____
- 5A. List current major equipment (ie. copy machine, computer equipment), reference materials (ie. Town tax maps) and storage needs (ie. file cabinets, office supplies) used on a daily basis:
- 5B. List current major equipment, reference materials and storage needs which are used occasionally (not on a daily basis, such as archives):
- 5C. List those items which you currently intend to purchase that will increase your Department's space requirements:
 - a. In the near future:
 - b. By the year 2020:
 - c. By the year 2035:

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5D. What additional storage space do you need?

a. Currently:

b. By the year 2020:

c. By the year 2035:

6A. Who is your current customer(s)?

General Public _____ %

Town Departments _____ %

Other _____ %

100 %

Identify: _____

6B. How many visits by residents/public do you receive on an average day?

6C. Are there times (time of day, time of month, time of year) that are busier than others? Explain.

7A. List the functions/activities/duties that your Department performs:

7B. Identify functions/activities/duties that you would like to see your Department (or other Departments) perform now and in the future that are not currently being done and for whom?

8A. List the functions/activities/duties within your Department that should be adjacent to or that depend on other Departments:

8B. List the functions/activities/duties within your Department that have direct interaction with the public.

8C. In order of priority (1 being the least contact, 5 being the most contact), rate the frequency of your Department's contact with other Town Hall Departments, Commissions and/or Committees:

Assessing	1	2	3	4	5
Building Inspection/Code Enforcement	1	2	3	4	5
Selectmen's Office	1	2	3	4	5
Town Clerk/Tax Collector	1	2	3	4	5
Town Administrator	1	2	3	4	5
Welfare	1	2	3	4	5

Boards, Commissions, Committees, Other Contacts:

Advisory Budget Committee	1	2	3	4	5
Agricultural Commission	1	2	3	4	5
Board of Selectmen	1	2	3	4	5
Cemetery Trustees	1	2	3	4	5
Conservation Commission	1	2	3	4	5
Energy Committee	1	2	3	4	5
Facilities Committee	1	2	3	4	5
Heritage Commission	1	2	3	4	5
Historical Society	1	2	3	4	5
Lamprey Regional Solid Waste Coop (NA)	1	2	3	4	5
Lamprey River Advisory Committee	1	2	3	4	5
Library Community Center Building Committee	1	2	3	4	5
Municipal Records Committee	1	2	3	4	5
Planning Board	1	2	3	4	5
Race Track Committee	1	2	3	4	5
Recreation Commission	1	2	3	4	5
Safety Committee	1	2	3	4	5
Strafford Regional Planning Commission (NA)	1	2	3	4	5
Sustainability Committee	1	2	3	4	5
Trustees of the Trust Funds	1	2	3	4	5
Zoning Board of Adjustment	1	2	3	4	5
Other _____	1	2	3	4	5

Other Town Departments:

Fire	1	2	3	4	5
Library	1	2	3	4	5
Public Works	1	2	3	4	5
Police	1	2	3	4	5

8D. Do you work or assist in more than one Department? Yes No If yes, please list:

8E. Do you think there is a more convenient location for your Department to serve its customer(s)? Yes No
 If Yes, please list:

9A. Describe your Department's current space, including approximate square feet (size):

- 9B. Describe the minimum space needs you think your Department needs to do it's job (size):
10. What percentage of your time or your staff's time is spent outside the office workspace (List employees and %)?
- 11A. How often do you hold meetings with staff or the public in your Department?
- 11B. What are your conference/meeting space needs (a chair, table and chairs, etc.)?
- 11C. Is it necessary to meet in your own Department or can you share a meeting facility with other Departments?
12. List special major equipment, functions or activities which may require a special location with your Department (ie. access to Council Chambers, etc.):
13. What are your feelings concerning the current space you occupy? List positive aspects as well as negative:
14. In addition to your Department space needs, in what other areas or Departments do you think additional space is needed?
15. What support facilities do you think are necessary for a Town facility (ie. Lunch/Break Room, Employee Locker Area, Mail/Copy Room, etc.):
16. List any other equipment/functions/activities or any other unique aspect of your Department that you feel is important to adequately address your Department's current or future needs: