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Report Year: 2014

Jurisdiction Information

1. Jurisdiction Name	City of Medford Parks and Rec reation Department
2. Jurisdiction Country	United States
If "Other" country, please specify	
3. Jurisdiction State/Pro vince	OR
4. What is the square mileage that your incorporated juri sdiction serves (estimate if necessary)	25.73 Sq. miles
5. What is your agency/d epartment's jurisdiction type (type of entity your department/agen cy represents)?	City
6. Jurisdiction Total Ope rating 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 YMCA/YWCA
9. Jurisdiction per Capita Income (from census data or estimates)	\$23,500
10. Jurisdiction Median Household Income (from census data or estimates)	\$42,244
11. Jurisdiction population (estimate if necessary)	#76,462
12. Percentage of jurisdiction populati on that is younger than 18 years of age	24.1%
13. Percentage of jurisdiction populati on that is older than 65 years of age	16.2%
14. Percentage of jurisdiction populati on that is below the poverty line	19.9%
15. Jurisdiction population growth rate 2000-2010 (from census data or estimates)	2.1%
16. Jurisdiction Ethnic Distribution (will not necessarily total to 100%)	
White/Caucasian Persons	79.8%
Black/African American Persons	0.9%
American Indian/Alaska Native Per sons	1.2%
Asian Persons	1.5%
Native Hawa iian/Pacific Islander Persons	0.5%
Hispanic or Latino (any race) Origin Persons	13.8%
Other (please specify):	%

Boards

1. Does your department/agency have a board?	Yes
2. If yes, is it a governing board or an advisory board?	Advisory

Governing/Trustee/Policy Board

1. Is your governing board app ointed or elected?	
2. Is your governing board In dependent?	
3. Are board mem bers paid?	
If yes, how much annually?	\$

4. For what is the governing board responsible? (check all that apply)

Advisory Board

1. To whom does the advisory board give advisory services? (check all that apply)	Department Head
2. For what is the advisory board responsible? (check all that apply)	Reviews Budgets Reviews Policies Reviews Fees and Charges Reviews Capital Projects Interacting with the public
3. Are advisory board members paid? If yes, how much annually?	No

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	Yes			
b. Operate parks and facilities	Yes			
c. Maintain street trees and medians	Yes			
d. Actively Manage Open Space	Yes			
e. Maintain public School grounds and recreational facilities	Yes			
f. Maintain Jurisdiction public areas	Yes			
g. Manage major aquatic complex	Yes			
h. Manage or maintain public Cemeteries	Yes			
i. Manage or maintain Fairgrounds		No		Jackson County
j. Maintain, manage or lease Indoor Performing Arts center		No		
k. Manage Historic Properties		No		
l. Administer or manage Farmer's Markets		No		
m. Administer Community Gardens		No		
n. Manage large performance outdoor Amphitheaters		No		Jackson County
o. Administer or manage Professional or college-type stadium/arena/race track		No		
p. Administer or manage Tournament/Event quality Indoor Sports Complexes		No		
q. Administer or manage Tournament/Event quality Outdoor Sports Complexes	Yes			
r. Conduct major Jurisdiction wide special events	Yes			
s. Do you have snow plowing responsibility other than in the parks?		No		
t. Provide environmental education or natural history interpretive programs		No		
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.	If Other, Please Specify:
a. Top Level position	Director
b. Second Level position	Superintendent
c. Third Level position	Manager/Supervisor

Department Functions - Information Technology

2. Does your department have an automated Recreation Management System?	Yes
a. If yes, is the system for program/activity registration only?	No
b. If yes, is the system for recreation program management only?	No
c. If yes, is the system for recreation systems management only?	No
d. If yes, is the system web-based?	No
e. If yes, who has primary responsibility for Application Administration and Maintenance?	Dept. Juris. Other If Other, Please Describe:
	Dept.
3. Does your department have a Computer-aided Maintenance Management System (CMMS)?	Yes
If yes, is the system web-based?	Yes
If yes, who has primary responsibility for Application Administration and Maintenance for each of the following:	Dept. Juris. Other If Other, Please Describe:
a. Grounds Maintenance	Dept.
b. Forestry/Horticulture/Landscaping	Dept.
c. Building and Structures Maintenance including roads and parking lots etc.	Juris.
d. Fleet maintenance including licensed, rolling stock	Juris.
e. Non-motorized and small engine repairs	Juris.
4. Does your department have Automated Administrative Systems?	Yes
If yes, who has primary responsibility for Application Administration and Maintenance for each of the following:	Dept. Juris. Other If Other, Please Describe:
a. Budget Tracking	Dept.
b. Purchasing	Dept.
c. Time and Attendance	Dept.
d. Accounts Payable	Dept.
e. Accounts Receivable	Dept.
f. Workmen's Compensation Records	Juris.
Department Functions - Finances	
5. For the following department functions, who has primary responsibility for...	Dept. Juris. Other If Other, Please Describe:
a. Budgets	Dept.
b. Grants	Dept.
c. Strategic and Business Planning	
d. Purchasing	Dept.
e. Accounting	
f. GASB-34 Administration	
Department Functions - Human Resources	
6. For the following department functions, who has primary responsibility for...	Dept. Juris. Other If Other, Please Describe:
a. Recruiting, Hiring, and Retention	Juris.
b. Training and Development	Dept.
c. Time and Attendance	Dept.
d. Wage and Salary Schedules	Juris.
e. Fringe Benefits	Juris.
Department Functions - Risk Management	
7. For the following department functions, who has primary responsibility for...	Dept. Juris. Other If Other, Please Describe:
a. Safety	Juris.

b. OSHA compliance Juris.

Department Functions - Operations

8. For the following department functions, who has primary responsibility for...	Dept.	Juris.	Other	If Other, Please Describe:
a. Facility Management	Dept.			
b. Environmental Management	Dept.			
c. Historic Preservation		Juris.		
d. Park Rangers , Police		Juris.		
e. Marketing	Dept.			
f. Aquatics Management	Dept.			
g. Water Resources Management	Dept.			

Department Functions - Maintenance

9. For the following department functions, who has primary responsibility for...	Dept.	Juris.	Other	If Other, Please Describe:
a. Grounds Maintenance	Dept.			
b. Building Maintenance	Dept.			
c. Bridges, Roads, and Parking Maintenance			Other	
d. Fleet Maintenance		Juris.		
e. Forestry (includes horticulture, landscapes, nursery operations, etc.)				

Department Functions - Planning and Development

10. For the following department functions, who has primary responsibility for...	Dept.	Juris.	Other	If Other, Please Describe:
a. Master Planning	Dept.			
b. Site Planning	Dept.			
c. Capital Acquisition	Dept.			
d. Capital Development	Dept.			
e. Capital Design	Dept.			

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? Yes

Programs Offered

1. Does your department offer the following programs or classes? Yes No

a. Visual Arts and Crafts	Yes	No
b. Performing Arts	Yes	No
c. Health and wellness	Yes	No
d. Fitness	Yes	No
e. Martial Arts	Yes	No
f. Trips and tours	Yes	No
g. Organized team sports	Yes	No

Does your department run youth sports leagues? Yes

Does your department run adult sports leagues? Yes

h. Golf program	Yes
i. Tennis programs	Yes
j. Water safety	Yes
k. Environmental Education/Nature Study/Cultural History	No
2. Does your department offer the following opportunities?	Yes No
a. Summer Camp	Yes
If yes, how many weeks of camp?	12
Number of campers per week:	150
Does your department provide feeding programs for summer camp?	No
b. Before and after school programs	No
Does your department provide feeding programs for Before School programs?	No
If yes, how many participants per week?	
Does your department provide feeding programs for After School programs?	No
If yes, how many participants per week?	
c. Preschool	Yes
d. Full Daycare	No
e. Specific Teen programs	
f. Senior Programs	Yes
Does your department provide meals for seniors?	No
If yes, how many meals are served annually?	
If yes, how many seniors are served per week?	

g. Programs for people with disabilities Yes

Does your department make accommodation for inclusion in activities?	Yes
Do you conduct Individual Assessments of clients with significant disabilities?	No
Do you provide program opportunities for people with significant disabilities?	No

h. Community gardens No

Does your department manage an edible garden program?	No
Does your department manage a farmer's market?	No
Does your department rent or permit spaces for gardens?	No

i. Major Special Events

List 3 titles and dates of events below. For example, Apple Festival; October 3, 20 11; October 7, 2011; www.appfest.org.

Event Title	Start Date	End Date	Contact Website
Parks Uncorked	June	June	www.playmedford.com
Winter Lights	December	December	www.playmedford.com
Beat of the Rogue	July	July	www.playmedford.com

Budget and Funding - Annual Data

Is the data reported below actual or budgeted? Budgeted

Please indicate the month in which your department's fiscal year ends: June

Operating Expenditures

1. What are your department's TOTAL operating expenditures for your fiscal year?	\$104,000,000
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)	34%
Operations (expenditures for all functions of the Department)	23%
Capital (expenditures for capital equipment, capital projects and debt services paid from the operating funds)	43%
Other, please describe:	0%
TOTAL	100%
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.	3%
b. Administrative (Human Resources, Finance, Accounting, etc.)	1%
c. Operations (expenditures associated with staffing and operating facilities)	5%
d. Programs (expenditures associated with programming classes and all events)	15%
e. Maintenance (expenditures associated with maintaining, buildings grounds structures and fleet)	24%
f. Planning and Development (expenditures associated with acquisition, planning, design, development management, etc.)	2%
g. Debt service	13%
h. Other, please describe: Capital Improvement	37%
TOTAL	100%
4. What percentage of your total operating expenditures came from the following sources? (Percentages must add to 100%)	
a. Jurisdiction general fund	53%
b. Agency fees and charges	9%

c. Tax levy (specific parks and recreation)	0%
d. School District Taxes	0%
e. Foundation Grants	1%
f. Sponsorships, please describe: Program and facility sponsors	1%
g. Endowment, please describe:	0%
h. Special use taxes, please describe: Park Utility Fund	17%
i. State Grants	0%
j. Federal Grants	0%
k. Other, please describe: Naming Rights 1% Park Dedication	19%
l. Other, please describe:	0%
m. Other, please describe:	0%
TOTAL	100%

Revenues

5. What are your department's TOTAL non-tax revenues for your fiscal year?	\$7,483,245
6. What percentage of your annual non-tax revenues came from the following sources? (Percentages must add to 100%)	
a. Facility entry fees/memberships	2%
b. Programs and class fees and charges	12%
c. Facility Rentals	1%
d. Facility, property or ROW leases	1%
e. Concessions, resale items	1%
f. Sale of real property	0%
g. Other, please describe: Park Dedication Fees	55%
h. Other, please describe: Park Utility Fees	28%
TOTAL	100%

Capital Budget

7. What is your department's total capital budget?	\$10,211,000
8. What is your department's amount of renovation need?	\$6,000,000
9. What is your department's amount of new capital need?	\$40,000,000
10. 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)	19%
Local government dedicated fund (non-general funds)	77%
General obligation bonds	0%
Revenue bonds	0%
State grants/funding	0%
Federal grants/funding	0%
Private grants/funding	0%
Gifts	0%
Other, please describe: Park Utility Fees	2%
Other, please describe: Hotel Motel Tax	2%
TOTAL	100%

11. What percentage of your annual capital construction and acquisition budget was dedicated to:
(Percentages must add to 100%)

Design	15 %
Construction	60 %
Acquisition	10 %
Renovation	15%
Other, please describe:	0 %
TOTAL	100%

12. Did you pass one or more bond referendums in 2014? **No**

If Yes, what was the dollar amount of the referendum(s) approved? **\$**

Percentage of the vote for the referendum **%**

Personnel Information

Is this data actual or budgeted?

- How many full-time (full-benefit/year-round) positions are in your parks and recreation department budget? **# 37**
- How many non-full-time employee positions are in your parks and recreation department budget? (*Seasonal employees, part-time employees, contract employees, etc.*) **# 108**
- How many volunteers are in your parks and recreation department? *Number of Volunteers* **# 1,161**
Total Number of Annual Hours Worked by Volunteers **# 8,538**
- 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.) **\$ 7,952,440**
- Do you have employees that are members of and represented by unions for wage and benefits negotiations and grievance processes? **Yes**
- 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.

Department Category	Full-Time		Non-Full Time		
	Number of Employees	Annual Salaries and Wages	Number of Employees	Total Annual Hours Worked	Annual Salaries and Wages
a. Department's top executives and related staff	#1	\$103,875	#0	#	\$
b. Administrative (Human Resources, Finance, Accounting, etc.)	#1	\$58,947	#0	#	\$
c. Operations (staffing and operating facilities)	#2	\$83,178	#	#	\$
d. Programs (programming classes and all events)	#5	\$294,193	#0	#	\$
e. Maintenance (maintaining buildings grounds structures and fleet)	#27	\$1,173,628	#	#	\$
f. Planning and Development (acquisition, planning, design, development management, etc.)	#1	\$59,321	#	#	\$
g. Other FTE-Equivalency-Temp	#28	\$	#	#	\$
h. TOTAL	#65	\$1,773,142	#0	#	\$

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	Yes		Yes		Yes	
If Yes, you offer a recreation/community center...						
Please indicate the quantity: # 2						
Please report the total square feet of the facility(ies):35,070						
b. Fitness Center		No				
If Yes, you offer a fitness center...						
Please indicate the quantity: #						
Please report the total square feet of the facility(ies):						
c. Visitor center [Jurisdiction or All parks Center with exhibits and publications]		No				
d. Playground	Yes			No		No
If Yes, you offer a playground, please indicate the quantity: # 12						
e. Tot Lots	Yes					
If Yes, you offer tot lots, please indicate the quantity: # 1						
f. Tennis court (indoor)		No				
If Yes, you offer a tennis court (indoor), please indicate the quantity: #						

g.	Tennis court (outdoor)	Yes		
	If Yes, you offer a tennis court (outdoor), please indicate the quantity: # 21			
h.	Basketball court (outdoor)	Yes	No	No
	If Yes, you offer a basketball court (outdoor), please indicate the quantity: # 8			
i.	Swimming pool (Indoor)	No		
	If Yes, you offer a swimming pool (indoor), please indicate the quantity of...			
	Competition pools: #			
	Non-Competition pools: #			
j.	Swimming pool (outdoor)	Yes	Yes	Yes
	If Yes, you offer a swimming pool (outdoor), please indicate the quantity of...			
	Competition pools: # 0			
	Non-Competition pools: # 1			
k.	Water park	No		
l.	Spraygrounds/splash pools	Yes	No	No
m.	Skate Park	Yes	No	No
n.	Senior center	No		
	If Yes, you offer a senior center...			
	Please indicate the quantity: #			
	Please report the total square feet of the facility(ies):			

o.	Equestrian Center	No		
p.	Ice skating rink (indoor)	No		
	If Yes, please indicate the number of sheets of ice: #			
1.	Which of the following facilities does your parks and recreation department/agency operate?			

cont'd

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
q. Ice skating rink (outdoor)		No				
If Yes, please indicate the number of ice rinks: #						
r. Rectangular fields (e.g. football/soccer)	Yes		Yes		Yes	
If Yes, you offer rectangular fields (e.g. football/soccer), please indicate the quantity of...						
Football-only: # 10						
Soccer, Lacrosse, and Field Hockey						
Regulation size: # 10						
Small-sided fields: #						
s. Diamond fields (e.g. baseball/softball)	Yes		Yes		Yes	
If Yes, you offer diamond fields (e.g. baseball/softball), please indicate the quantity of						
Baseball fields:						
# 1 with 90 ft base path fields						
# 11 with 50-65 ft base path fields with mound						
Softball fields:						
# 7 with no mound - youth						
# 7 with no mound - adult						
t. Museums/Historic Sites		No				
u. Sports stadium/arena	Yes		Yes		Yes	
If Yes, you offer sports stadium(s)/arena(s), please indicate the quantity:						
# 1 Indoor or outdoor stadium(s)/arena(s)						
# 1300 Total seating capacity						
v. Campgrounds		No				
If Yes, you offer campgrounds, please indicate the quantity:						
# Campsites						

- # RV sites
- # Campstores
- # Number of Camper Nights during operating year

w.	Lake/River Access	No
x.	Ocean/Beach access	No
y.	Marina/livery	No

If Yes, you offer a marina/livery, please indicate the quantity:

- # Boat ramp(s)
- # Boat/canoe rentals
- # Slip rentals
- # Fuel station

z.	Water skiing	No		
aa.	Picnic areas with shelters	Yes	No	Yes
bb.	Gyms	Yes	Yes	Yes

If Yes, you offer a gym, please indicate the quantity: # 1

cc.	Rock climbing wall	No
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dd. Golf course No

If Yes, you offer a golf course, please indicate the

Total number of non-Championship holes: #

Total number of Championship holes: #

ee. Driving Range

If Yes, you offer a driving range, please indicate the quantity: #

1. Which of the following facilities does your parks and recreation department/agency operate?

cont'd

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
ff. Zoo		No				
gg. Library		No				
hh. Farm		No				
ii. Volleyball court	Yes			No	Yes	
jj. Dog Park	Yes			No		No
If Yes, you offer a dog park, please indicate the quantity: #1						
kk. Mini-Golf		No				
If Yes, you offer multipurpose trails, please indicate the miles of trails: #						
ll. Conference Center		No				
If Yes, you offer conference centers, please indicate the quantity: #						
mm. Mountain Biking Trails	Yes			No		
If Yes, you offer mountain biking trails, please indicate the miles of trails: #6						
nn. BMX Track				No	Yes	
oo. Nature/Interpretive Center		No				
If Yes, you offer nature/interpretive center(s), please indicate the number of centers: #						
pp. Water Trails		No				
If Yes, you offer water trails, please indicate the miles of trails: #						
qq. Teen Center		No				
rr. Performing and/or Visual Arts/Community Center		No				
If Yes, please indicate the number of performing and/or visual arts/community center(s): #						
ss. Community gardens		No				
If Yes, please indicate the number of gardens:						
tt. Formal Gardens/Arboretum		No				
uu. Theater		No				
vv. Cemetery	Yes		Yes			No
ww. Other:						
xx. Other:						
yy. Other:						

Land Information

1. Total Park Attendance - including visitors and program participants (estimate if necessary)				#2,000,000
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	33 +	21 =	54	
Total Number of Acres	2,341.06 +	2,093.83 =	4,434.89	

3. Of the total acreage your department/agency maintains and/or has management responsibility over, what percent is developed for parks and recreation purposes? 89 %

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	1,751 acres
	Conservation Lands - Managed Habitat	241 acres
	Preservation Land Acres (no management)	0 acres
5. What is the total mileage of greenways and trails managed by your agency?	a. Multi-purpose - No Equestrian	18.3
	b. Multi-purpose - Equestrian permitted	0
	c. Hiking/walking only	0
	d. Bicycling only	0
	e. Equestrian only	
	f. Other, please describe: Bike and Pedestrian	18.2
Total (sum of lines 6a. - 6f.)		36.5 miles

