

Application for Community Development Division Funds: Committee Member Satisfaction Survey of Summer Process

The Madison Department of Planning Community and Economic Development is interested in knowing what you thought about your experience as you developed recommendations for CDD funds during this summer review process. We would appreciate it if you would take 10 minutes to complete this questionnaire and return it to Jen Stoiber in the CDD Office by **September 19**. Your answers will help us work to improve our services and will be kept confidential.

| 1. Using a scale of 1-5, where 1 is low and 5 is high; first, please rate the following needs according to their importance to you; second, please rate them again according to how satisfied you are with our performance. | RATING SCALES | | | | | | | | | | | |
|---|-------------------------------|---|---|---|---|---------------------|---|-----|---|------|--|--|
| | (Please circle your response) | | | | | | | | | | | |
| | Importance | | | | | Satisfaction | | | | | | |
| | Low | | | | | High | | Low | | High | | |
| <i>a. Clarity of Goals and Objectives, funding priorities, and criteria adopted by the committee earlier in the year</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>b. Guidance from Mayor concerning priorities</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>c. Data about community needs and trends</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>d. Utility of the background binders, including program funding histories</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>e. Accuracy of staff- written proposal reviews</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>f. Helpfulness of the application.</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>g. Sufficient time to read applications</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>h. Opportunity to hear agencies' presentations</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>i. Responsiveness of staff to Committee's request for data</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>j. Utility of staff recommendations</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>k. Adequacy of time for Committee discussion</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| <i>l. Openness and transparency of the process</i> | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |

2. If you rated some items **high** for importance and **low** for satisfaction (2 circles in the gray shaded area), please explain.

| | Not Satisfied | | | Very Satisfied | | | | | | | |
|--|----------------------|---|---|-----------------------|---|---------------------|---|-----|---|------|--|
| | 1 | 2 | 3 | 4 | 5 | | | | | | |
| 3. Overall, how satisfied are you with the overall process as a method of decision making that resulted in good decisions? | | | | | | | | | | | |
| 4. Did our list miss any other issues that are important to you? What are they? Please also rank them in terms of importance and satisfaction. | Importance | | | | | Satisfaction | | | | | |
| | Low | | | | | High | | Low | | High | |
| ISSUE | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | |

5. Rank these sources of information by their usefulness to you in understanding the proposal. **Rank 10 for greatest usefulness, 9 for next best, etc. . . and, 1 for least useful.**

- _____ Funding history of agencies/applicants
- _____ Application
- _____ Staff written summary of proposal reviews
- _____ Staff informal discussion at committee meetings
- _____ Agency written responses to Committee's questions
- _____ Agency verbal presentation
- _____ Rankings by other Committee members prior to discussion
- _____ Other Committee members' discussion of proposal
- _____ Information provided by applicants to individual Committee members
- _____ Public hearing on recommendation

6. What is the best feature of the application?

7. If you could improve one thing about the application, what would it be?

8. If you could improve one thing about the staff's presentation of materials, what would it be?

9. What is the best feature of the overall decision-making process?

10. If you could improve one thing about the overall process, what would that be?

11. Please check the answer that most closely matches your opinion of the process this time.

_____ I am new to the Committee; this is my first summer decision-making process.

_____ This time the summer decision-making process was **better** than before.
Why?

_____ This time the application and hearing process was **about the same** as before.
Why?

_____ This time the application and hearing process was **worse** than before.
Why?

12. If you have participated in the summer process as a Committee member prior to this year, how many times have you participated?

_____ 1 – 2 summers _____ 3 – 5 summers _____ 6 or more summers

13. On which committee did you spend most of your time during this summer process? (choose one)

___ Committee on Aging ___ CDBG Committee
___ Community Services Committee ___ Early Childhood Care & Education Committee

14. Please add any other comments that may help us improve the process.

*Please return by **September 19** to jstoiber@cityofmadison.com; fax to: 608-261-9626; mail to: CDD Committee Survey, Department of Planning Community and Economic Development, P. O. Box 2627, Madison, WI 53701-2627 or give to a staff member at the September meeting.*

THANK YOU FOR YOUR TIME AND THOUGHTFUL ANSWERS.