****The purpose of the Agency Profile Questionnaire (APQ) is to assist the WILEAG Program Manager and On-Site assessors by providing a snapshot of your community and agency. Please take a moment to complete the APQ and return the completed questionnaire to the WILEAG Program Manager. Do not hesitate to contact the Program Manager with any accreditation questions or concerns.

Sincerely,

Robert Rosch

Robert Rosch

WILEAG Executive Director

Cell 262-468-1008

Email [executive.director@wileag.info](mailto:executive.director@wileag.info)

**AGENCY INFORMATION**

Agency Name:

Agency Address:

Chief / Sheriff (CEO):

CEO Contact #:

CEO Email:

Accreditation Manager (AM):

AM Contact #:

AM Email:

Agency Size - Full time Employees: Total       Sworn       Civilian

Agency Size – Part time Employees: Total       Sworn       Civilian

**COMMUNITY INFORMATION**

Community Population:

Square Miles of Service Area:

Approximate Land Distribution of the Service Area:

Business / Commercial

Industrial

Residential

Residential Rental

Parks / Public Land

All Other

**TOTAL 100%**

Does the population of your service area change seasonally? No       Yes

If yes, explain:

**FUNCTIONS PERFORMED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Function | Done by Agency | Under Contract Other Agency | Joint Agreement (MOU) | Not Performed |
| Auxiliary Personnel |  | List Agency: | List Agency: |  |
| Recruitment |  | Conducted by: | List Agency: |  |
| Annual Training |  | Conducted by: | List Agency: |  |
| Vice / Drugs / Organized Crime |  | List Agency: | List Agency: |  |
| Tactical Operations |  | List Agency: | List Agency: |  |
| Prisoner Transportation |  | List Agency: | List Agency: |  |
| Interview Rooms |  | List Agency: | List Agency: |  |
| Temporary Holding Facility |  | List Agency: | List Agency: |  |
| Lock-Up Holding Facility |  | List Agency: | List Agency: |  |
| Communications / Dispatch |  | List Agency: | List Agency: |  |
| Grievance Procedures |  | List Agency: | List Agency: |  |

**ADMINISTRATION**

Please provide a copy of your agency organizational chart or a list / order of your organization’s functions (Word format would be sufficient). Task completed: No       Yes

What is your agency’s total authorized budget for the most recent fiscal year? $

Does your agency have a written directive system? No       Yes

Does your agency have an electronic written directive (hyperlink) system? No       Yes

**MOCK ON-SITE ASSESSMENT TARGET DATE:**

**ON-SITE ASSESSMENT TARGET DATE:**