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

Sincerely,

 Katie Wrightsman

WILEAG Executive Director

Cell 262-563-3108

Email 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?

If yes, explain:

**FUNCTIONS PERFORMED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Function and Standard # | Done by Agency | Under Contract Other Agency | Joint Agreement (MOU) | Not Performed |
| Auxiliary Personnel 2.8.1 |       | List Agency:      | List Agency:      |  |
| Recruitment 3.1.1 |  | Conducted by:      | List Agency:      |       |
| Annual Training 12.2.5 |  | Conducted by:      | List Agency:      |       |
| Vice / Drugs / Organized Crime 6.5.1 |  | List Agency:      | List Agency:      |       |
| Tactical Operations 13.1.3 |       | List Agency:      | List Agency: |  |
| Prisoner Transportation 7.1.1 |  | List Agency:      | List Agency:      |       |
| Interview Rooms 7.3.1 |  | List Agency:      | List Agency:      |       |
| Temporary Holding Facility 7.3.1 |  | List Agency:      | List Agency:      |       |
| Lock-Up Holding Facility 7.2.1 |  | List Agency:      | List Agency:      |  |
| Communications / Dispatch 9.1.1 |       | List Agency: | List Agency:      |       |
| Grievance Procedures Part-time and Non-Represented Employees 2.2.1 |  | List Agency:      | List Agency:      |       |

**ADMINISTRATION**

Please provide a copy of your agency’s organizational chart or a list/order of your organization’s functions (Word format would be sufficient). Task completed:

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

Does your agency have a written directive system?

**\*Please list the standards that are not applicable to your agency or will be considered “wet ink”:**

Total:

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

**ON-SITE ASSESSMENT TARGET DATE:**