

Office of Capital Improvements SAFE NEIGHBORHOOD PARKS BOND PROGRAM

Performance Survey for Fiscal Year 2008

As a Grantee of the Safe Neighborhood Parks Bond Program, we appreciate your participation in completing this Survey to evaluate our performance and quality of service. Please return by Monday, October 27, via fax (305-372-6157), email (Vreedden@miamidade.gov) or U.S. mail (Office of Capital Improvements, 111 N.W. 1 St., Suite 2130, Miami 33128).

Based on a scale of 1 through 5, with 1 being the lowest and 5 being the highest, please rate the following:

Professionalism of SNP staff:

- Promptness in answering your call _____
- Courtesy you were shown _____
- Accessibility of staff _____
- Timeliness of response to your request _____
- How knowledgeable was staff concerning your inquiry _____
- Thoroughness in response to your request _____

Execution Process of SNP Agreements/Amendments:

- Timeliness in sending documents to you for signature _____
- Ease in submitting scope/budget changes _____
- Accuracy of documents presented for execution _____
- Clarity of documents (agreements and amendments) _____
- Staff assistance in clarifying documentation when needed _____

Reimbursement Process:

- Ease in submitting items for reimbursement _____
- Timeliness of processing reimbursement items _____
- Notification that your reimbursement request is due _____
- Notification that your reimbursement request is incomplete _____
- Staff assistance in clarifying the reimbursement process
and documentation when necessary _____

In keeping with the County's vision of *delivering excellence every day*, please tell us how we might improve our overall performance and quality of service to your organization: *(attach additional sheet if needed)*

Once again, thank you for taking the time to complete this Survey. We look forward to providing you, our Grantee, with the best possible service in the coming year. Your responses will assist us as we seek to improve this process.

PLEASE RETURN BY MONDAY, OCTOBER 27, 2008

OPTIONAL:

Grantee name: _____

Person who completed this Survey: _____