



Indiana Association of
Cities and Towns
Your Partner in Good Government

HEA 1001 Collateral Damage Survey

Survey Contact:

Name: _____ Title: _____
 Municipality: _____ County: _____
 Email: _____ Phone: _____
 Date Completed: _____

A. Alternate Revenue Issues:

A1. What user fees have you increased or what new user fees you have established since passage of HEA 1001? Do you plan to increase user fees within the next two years due to passage of HEA 1001? Please check the appropriate boxes from the items listed below. If an answer is not provided, please use the space marked as 'other' to fill in a type of user fee that has increased in your municipality.

	User Fee	Have already increased/ established	If "yes," what is the % increase?	Plan to increase/ establish in the next two years	If "yes," what is the % increase?
a.	Parks, recreation, pools, golf, senior/youth fees	<input type="checkbox"/>		<input type="checkbox"/>	
b.	Building/Development permits and fees	<input type="checkbox"/>		<input type="checkbox"/>	
c.	Water utility fees	<input type="checkbox"/>		<input type="checkbox"/>	
d.	Sanitary sewer fees	<input type="checkbox"/>		<input type="checkbox"/>	
e.	Stormwater fees	<input type="checkbox"/>		<input type="checkbox"/>	
f.	Solid waste/garbage collection/recycling	<input type="checkbox"/>		<input type="checkbox"/>	
g.	Fire hydrant fees	<input type="checkbox"/>		<input type="checkbox"/>	
h.	Parking fees	<input type="checkbox"/>		<input type="checkbox"/>	
i.	Emergency medical services (EMS) fees	<input type="checkbox"/>		<input type="checkbox"/>	
j.	Cemetery fees	<input type="checkbox"/>		<input type="checkbox"/>	
k.	Ordinance violations/fines	<input type="checkbox"/>		<input type="checkbox"/>	
l.	Other:	<input type="checkbox"/>		<input type="checkbox"/>	
m.	Other:	<input type="checkbox"/>		<input type="checkbox"/>	

A2. What other additional revenue sources have you utilized due to passage of HEA 1001?

<input type="checkbox"/>	Citizen Donations
<input type="checkbox"/>	Grants
<input type="checkbox"/>	Payments-in-lieu-of-taxes
<input type="checkbox"/>	Other:

A3. Has your county imposed new/additional Local Option Taxes since passage of HEA 1001?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, not yet, however the county is planning to adopt new/additional taxes within the next two years.
<input type="checkbox"/>	No, not yet and there are no plans for new/additional taxes in the future.

If you checked the first or second box above, what types of Local Option Taxes? (check the applicable boxes, whether the new/additional taxes have already been imposed and at what rate, or whether they are planned for the future and when)

	Type	New/Additional already imposed	Rate	New/Additional planned for within the next 2 years.	What Date?
<input type="checkbox"/>	Local Option Income Tax (LOIT) for budget increase	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	LOIT for dollar-for-dollar property tax relief	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	LOIT for public safety expenses	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Wheel Tax/Auto Surtax	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>		<input type="checkbox"/>	

A4. Have you had to increase your use of debt since passage of HEA 1001?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, how did you increase your use of debt and what were the reasons? _____

A5. Have you reviewed and altered your service contracts due to passage of HEA 1001? For example, your service contracts with Fire Service?

<input type="checkbox"/>	Yes With who and how were they altered?: _____ _____ _____
<input type="checkbox"/>	No

A6. Are you considering a new fire district or fire territory?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please provide more detail: _____

A7. Have you increased your cost sharing allocation from utilities or the payments-in-lieu-of-taxes (PILOTs) from the municipal utility due to passage of HEA 1001?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, not yet, however we have plans to increase cost sharing and/or PILOTs from our municipal utilities within the next two years.
<input type="checkbox"/>	No, not yet and there are no plans to increase either in the future.

If you checked the first or second box above, please provide more detail as to whether you have increased your cost sharing allocations or PILOTs and by how much: _____

A8. Please provide any additional information on changes in your revenues due to HEA 1001:

B. Expenditure Issues:

B1. How have you altered your expenditures/purchasing policies since passage of HEA 1001?

	Expenditure	If box is checked, how have you altered the expenditure (please provide detail)
<input type="checkbox"/>	Reduced Purchases/Supplies	
<input type="checkbox"/>	Eliminated contractual services	
<input type="checkbox"/>	Reduced contractual services	
<input type="checkbox"/>	Delayed or deferred Projects	
<input type="checkbox"/>	Extend replacement schedules such as automobiles, vehicles, etc.	
<input type="checkbox"/>	Greater reliance on Joint Purchasing Programs	
<input type="checkbox"/>	Reduced funding for outside agencies and community groups	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	Other:	

B2. Please provide any additional information on changes in your expenditures due to HEA 1001:

C. Service Issues:

C1. What services have you reduced or eliminated due to passage of HEA 1001?

	Services	Have already reduced	Plan to reduce in the next two years	Type of reduction (Hours, less frequent mowing, extended response times, etc.)	Have already eliminated	Plan to eliminate in the next two years	Specific Services Eliminated (which park, etc.)
a.	Parks, recreation, golf, pools - Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
b.	Parks, recreation, golf, pools - Programs	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
c.	Libraries	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
d.	City or Town Hall Offices	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
e.	Animal Control	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
f.	Public Safety	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
g.	Road Maintenance	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
h.	Maintenance in General	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
i.	Planning and permitting delays	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
j.	Replacement/new capacity needs for water, stormwater, and sewer infrastructure	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
k.	Reduced garbage/recycling services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
l.	Decreased public transportation service	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
m.	Decline in general economic development incentives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
n.	General administration efficiency and effectiveness	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
o.	Inspections	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
p.	Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
q.	Other:	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

C2. What other service areas have you utilized since passage of HEA 1001?

<input type="checkbox"/>	Consolidation of services with other entities If yes, what services? _____ _____ _____
<input type="checkbox"/>	Out sourcing If yes, what services? _____ _____ _____
<input type="checkbox"/>	Use of Volunteers If yes, for what services? _____ _____ _____
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

C3. Please provide any additional information on changes in your services due to HEA 1001:

D. Personnel and Staffing Issues:

D1. What fringe benefits have you decreased due to passage of HEA 1001?

<input type="checkbox"/>	Health deductibles or co-pays for employee
<input type="checkbox"/>	Spouse or dependent health benefits
<input type="checkbox"/>	Retirement benefits
<input type="checkbox"/>	Life Insurance benefits
<input type="checkbox"/>	Paid Time Off/Vacation Days/Sick Days
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

D2. Have you utilized any of the below personnel tactics due to passage of HEA 1001?

<input type="checkbox"/>	Hiring Freeze/Reduction through Attrition If yes, what department(s) and how many positions are affected? _____ _____ _____
<input type="checkbox"/>	Reduction-in-Force/Layoffs If yes, what department(s) and how many positions are affected? _____ _____ _____
<input type="checkbox"/>	Incentives for Retirement If yes, please provide more detail: _____ _____ _____
<input type="checkbox"/>	Use of Furloughs (Time off without pay) If yes, please provide more detail: _____ _____ _____
<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:

D3. Please provide any additional information on changes in your personnel/staffing due to HEA 1001:

Please return survey as soon as possible to:

IACT
 Attn: Megan Miller
 200 S. Meridian Street, Suite 340
 Indianapolis, IN 46225
 317-237-6206 (fax)

Questions: Megan Miller (mmiller@citiesandtowns.org, 317-237-6200 x233)