



SAFE-D 25
Annual Conference

Strategic Planning

The Essentials Workshop

MIKE MONTGOMERY

BRAZOS COUNTY ESD 1

Round Rock, TX
Feb 6-8, 2025

Cautionary Disclaimer

The information presented today is for informational and educational purposes only.

It is not intended to represent or replace policy or opinion.

It is not intended as legal or financial advice.

You are strongly advised to seek competent legal counsel, financial guidance, and jurisdictional authorization before taking any official action based on this information.

The essentials -- 5 basic topics

- **Desired Level of Service**
- **Critical Issues**
- **Gap Analysis**
- **Capital Plan**
- **Financial Outlook**

The essentials -- 4 basic questions



Observe

- Purpose
- Mission
- Vision
- Values

Orient

- C-SWOT
- Needs
- Gaps
- Expectations

Decide

- Priorities
- Initiatives
- Goals
- Objectives

Act

- Capable
- Available
- Supportable
- Maintainable

The essentials -- 3 basic steps

- **Define the environment**

- **Create the Plan**

- **Measure Results**





Define the Environment

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Collect Essential Information

- Department Profile
- Community Profile
- Capital Assets
- Financial Information

Strategic Plan Essentials: Information Request MSM (Michael S. Montgomery LLC
public safety consultants)

TABLE 1A. Fire Department Profile – Organization

Dept. Name	Information Component	Documentation?	
		Yes	No
	There is written documentation from a unit of government that authorizes the existence of the Agency and defines its jurisdictional boundaries. <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Copy of documents for Agency existence and jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Copy of boundary ordinances, court order, MOU/MOA exhibit, or portions of Metes and Bounds book <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Copy of map with jurisdictional boundaries <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Governing Body: _____ Head of body title: _____			
Type of Governing Body <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County/Parish <input type="checkbox"/> Municipal <input type="checkbox"/> Special District <input type="checkbox"/> Industrial <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, not-for profit <input type="checkbox"/> Other: _____			
Established by <input type="checkbox"/> Statute <input type="checkbox"/> Charter / Articles of Incorporation <input type="checkbox"/> Court Order / Ordinance <input type="checkbox"/> Other (specify): _____ Date: _____			
The agency has written documentation from a unit of government designating the authority of the Agency Director or Head of Department. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a statement of purpose that defines the department's mission, vision, and values. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a statement of purpose that defines the department's desired level of service <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a current organizational chart depicting the organizational components. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Agency has a written directive which requires that personnel hold applicable certification before performing emergency response duties. <input type="checkbox"/> Yes <input type="checkbox"/> No			
CRITICAL ISSUE #1		CRITICAL ISSUE #3	
CRITICAL ISSUE #2		CRITICAL ISSUE #4	

Adapted from multiple "best practices" programs, ©MSM-LLC, 2025 page 1

Define the Desired Service Level

- **Services Provided**
- **Community & Department Profiles**
 - Needs, Expectations, and Concerns
 - Guiding Principles
- **Response Time**
 - First Arriving Unit
 - Effective Response Force
 - Incident Stabilization
- **Staffing**
 - Desired staffing
 - Desired deployment
- **Desired outcomes**



Identify Critical Issues

- Coverage
- Staffing
- Funding
- Growth
- Admin



Artwork from the Fire, Smoke, and Guts Portfolio ©by Paul Combs, <http://artstudioseven.com/>

Conduct a Gap Analysis

- **C**ritical Issues
- **S**trengths
- **W**eaknesses
- **O**pportunities
- **T**hreats



1A. FD Profile: Organization

There is written documentation from a unit of government that authorizes the existence of the Agency and defines its jurisdictional boundaries.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of documents for Agency existence and jurisdiction		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of boundary ordinances, court order, MOU/MOA exhibit, or portions of Metes and Bounds book		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of map with jurisdictional boundaries		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Governing Body:		Head of body title:	
Type of Governing Body <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County/Parish <input type="checkbox"/> Municipal <input type="checkbox"/> Special District <input type="checkbox"/> Industrial <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, not-for profit <input type="checkbox"/> Other: _____			
Established by <input type="checkbox"/> Statute <input type="checkbox"/> Charter / Articles of Incorporation <input type="checkbox"/> Court Order / Ordinance <input type="checkbox"/> Other (specify): _____ Date: _____			
The agency has written documentation from a unit of government designating the authority of the Agency Director or Head of Department.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The agency has a statement of purpose that defines the department's mission, vision, and values.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The agency has a statement of purpose that defines the department's desired level of service		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The agency has a current organizational chart depicting the organizational components.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Agency has a written directive which requires that personnel hold applicable certification before performing emergency response duties.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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1A. FD Profile: Organization

Identify Critical Issues

CRITICAL ISSUE #1	CRITICAL ISSUE #3
CRITICAL ISSUE #2	CRITICAL ISSUE #4

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1B. FD Profile: Operations

GENERAL INFORMATION					
Department Name:				County:	
Fire Chief/Department Head name, e-mail, and phone:					
Department Type <input type="checkbox"/> All career <input type="checkbox"/> Combination, mostly career <input type="checkbox"/> Combination, mostly volunteer <input type="checkbox"/> All volunteer					
Current ISO Survey available	Class		Year		Other Studies in past 5 years <input type="checkbox"/> YES <input type="checkbox"/> NO List:
Previous ISO Survey (include)	Class		Year		
Accreditations (list all that apply)					
FIRE PROTECTION SERVICES PROVIDED (Check all that apply)					
<input type="checkbox"/> Fire suppression, Structural, vehicle, outdoor <input type="checkbox"/> Fire suppression, ARFF <input type="checkbox"/> Fire suppression, Marine <input type="checkbox"/> Fire suppression, Wildland <input type="checkbox"/> air tanker ops <input type="checkbox"/> EMS, first responder only <input type="checkbox"/> EMS, BLS <input type="checkbox"/> non-transport <input type="checkbox"/> transport <input type="checkbox"/> EMS, ALS <input type="checkbox"/> non-transport <input type="checkbox"/> transport <input type="checkbox"/> EMS, Telemedicine <input type="checkbox"/> EMS, non-emergency transfer <input type="checkbox"/> EMS, Special Event <input type="checkbox"/> EMS, Air Operations <input type="checkbox"/> fixed wing <input type="checkbox"/> helicopter <input type="checkbox"/> Emergency Management / EOC Operations			<input type="checkbox"/> Hazmat Awareness/Ops Level <input type="checkbox"/> Hazmat, Technician Level <input type="checkbox"/> Technical Rescue, Vehicle/Mechanical Extrication <input type="checkbox"/> Technical Rescue, Rope <input type="checkbox"/> Technical Rescue, Collapse <input type="checkbox"/> Technical Rescue, Rising (Flood) Water <input type="checkbox"/> Technical Rescue, Swiftwater <input type="checkbox"/> Technical Rescue, Trench <input type="checkbox"/> Risk Reduction, fire/life safety inspections <input type="checkbox"/> Risk Reduction, Code enforcement <input type="checkbox"/> Risk Reduction, fire investigation (origin and cause only) <input type="checkbox"/> Risk Reduction, fire investigation (arson) <input type="checkbox"/> Risk Reduction, public education <input type="checkbox"/> Other (please specify)		

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1B. FD Profile: Operations

INCIDENT INFORMATION					
Calls-for-service and casualties, number	2020	2021	2022	2023	2024
Total Calls					
NEMSIS Total number of responses					
NEMSIS Total number of transports					
NFIRS 100: Fire Calls					
NFIRS 200: Overpressure/Explosions					
NFIRS 300, except 322: EMS/Rescue Calls					
NFIRS 322: Motor Vehicle Accidents					
NFIRS 400: Hazardous Condition					
NFIRS 500: Service Calls					
NFIRS 600: Good Intent Calls					
NFIRS 700: False Alarms					
NFIRS 800: Severe Weather/Disaster					
NFIRS 900: Special Incident					
Mutual Aid Given					
Mutual Aid Received					

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1C. FD Profile: Personnel

Personnel, number of	2020	2021	2022	2023	2024
Admin/Support personnel, total					
Admin/support, uniformed					
Admin/support, civilian					
Operations personnel, total					
Firefighters, FT paid					
Firefighters, part-paid					
Firefighters, vol / paid-on-call					
EMS personnel, FT paid					
EMS personnel, part-paid					
EMS personnel, vol / paid-on-call					
Community Risk Reduction personnel, total					
CRR, uniformed					
CRR, civilian					
Total uniformed positions					
+ Total civilian positions					
= Total authorized positions					

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1D. FD Profile: SWOT



STRENGTHS

WEAKNESSES

OPPORTUNITIES

THREATS

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2. Community Profile

Community Name:				
Resident Population:		Daytime Population:		Nighttime Population:
Land Area, square miles:		Water areas, square miles:		Assessed Value, \$:
Land Use		NFPA 101® Occupancy Classifications		
Residential		Type	Count	Total square footage
Single-family	%	Assembly		
Multi-family	%	Business		
Health care / Assisted living	%	Day Care		
Commercial		Detention & Correctional		
Retail / Office	%	Educational		
Industrial / Technology / Logistics	%	Health Care		
Mixed use	%	Industrial <input type="checkbox"/> High-Hazard		
Public Use		Mercantile		
Gov't Infrastructure, public ways	%	Residential, one- and two-family		
Public use, Schools/Libraries/Centers	%	Board & Care		
Parks and open spaces	%	Motel, Dorm, Lodging / Rooming		
Agricultural / Undeveloped	%	Multi-family / Apartment		
Other (specify)	%	Storage, Other		

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2. Community Profile

Community Risk Reduction Programs					
Fire Code adopted	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, list first year adopted, current code and edition			
All-Hazard Mitigation Plan, CWPP	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, include copy of latest All-Hazard Mitigation Plan			
Formal Community Risk Assessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, include copy of latest risk assessment document			
Department-investigated fires	<input type="checkbox"/> YES <input type="checkbox"/> Origin and cause only <input type="checkbox"/> All fires, including arson <input type="checkbox"/> NO				
Referral agency for fire / arson investigation	<input type="checkbox"/> Other (specify):				
Other risk reduction programs (list)					
Fire Prevention, number of activities	2020	2021	2022	2023	2024
Fire & life safety inspections / surveys					
Enforcement inspections					
Fire Loss	2020	2021	2022	2023	2024
Incendiary fires (arson), number					
Fire Exposure, \$					
Fire Loss, \$					
Civ fatalities, number					
Civ Injuries, number					
FF Fatalities, number					
FF Injuries, number					

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3A. CAPEX: Capital Assets Plan

4.01	The governing body, command staff, and members participate in the planning / funding for capital assets.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.02	Facilities comply with federal, state/provincial, and local codes and regulations at the time of construction <ul style="list-style-type: none"> Required upgrades for safety are identified. Required safety upgrades are adequately funded and addressed. Where needed, improvements are addressed in the agency's capital improvement plan. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.03	Apparatus types are appropriate for the functions served: <ul style="list-style-type: none"> Operations Staff support services Specialized services Administration and support services 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.04	Tools and equipment types are appropriate for the functions served: <ul style="list-style-type: none"> Operations Staff support services Specialized services Administration and support services 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.05	Safety equipment and PPE <u>is</u> identified, adequate, and distributed to appropriate personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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3A. CAPEX: Capital Assets Plan

4.06	An apparatus maintenance program <u>is</u> established.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.07	<p>All preventative maintenance, inspection, testing, and emergency repair of facilities, apparatus, and equipment <u>is</u>:</p> <ul style="list-style-type: none"> Conducted by trained and certified technicians <input type="checkbox"/> Yes <input type="checkbox"/> No In accordance with the manufacturer's recommendations, and federal and/or state regulations. <input type="checkbox"/> Yes <input type="checkbox"/> No In accordance with safety, health, and security aspects of equipment operation and maintenance. <input type="checkbox"/> Yes <input type="checkbox"/> No Conducted Annually <ul style="list-style-type: none"> apparatus fire pumps <input type="checkbox"/> Yes <input type="checkbox"/> No ground ladders <input type="checkbox"/> Yes <input type="checkbox"/> No aerial ladders <input type="checkbox"/> Yes <input type="checkbox"/> No 			

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3B. Facilities Information & Condition

Complete facilities and apparatus information using these tables. USE ONE TABLE FOR EACH FACILITY.			
Department Name:		<i>For office use only</i>	
Facility Name / Station Number:			
Address:			
Latitude:			
Longitude:			
Primary use (check all that apply) <input type="checkbox"/> Administration <input type="checkbox"/> Maintenance <input type="checkbox"/> Emergency Ops <input type="checkbox"/> Special Ops <input type="checkbox"/> Training <input type="checkbox"/> Communications Center <input type="checkbox"/> Other (specify):			
Structure			
Square Footage	sf	Construction Type:	Number of Stories:
Date of Construction	original _____ last remodel _____		
General Condition	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Marginal <input type="checkbox"/> Poor		
Applicable Fire Code & Edition	Code-compliant <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Considerations (ADA, etc.)			

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3B. Facilities Information & Condition

Facilities and Building Services					
Maximum Staffing Capacity	normal:		emergency/disaster:		
Living Quarters	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of Beds		# of Bedrooms
Apparatus Bays	<input type="checkbox"/> Yes	<input type="checkbox"/> No	# of bays		# of Back-in
24-hour Watch office	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Emergency Ops Center		<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen Facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Exercise/Workout Areas		<input type="checkbox"/> Yes <input type="checkbox"/> No
Training/Meeting Rooms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shower Facilities		<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Lockers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Equipment Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Cascade System / Compressor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Helipad		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fire Alarm System		<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors and Alarms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Automatic Sprinklers		<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Cooking Shut-off	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Decon</u> Area / Biohazard Disposal		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washer/Dryer for station wear/linen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Apparatus Exhaust System		<input type="checkbox"/> Yes <input type="checkbox"/> No
Washer/Extractor for PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seismic Protection		<input type="checkbox"/> Yes <input type="checkbox"/> No
Security System Type (check all that apply):	<input type="checkbox"/> Security Fence and Gate <input type="checkbox"/> Sallyport <input type="checkbox"/> CCTV <input type="checkbox"/> Keypad <input type="checkbox"/> Key <input type="checkbox"/> Other, specify: _____				
Fuel	<input type="checkbox"/> None <input type="checkbox"/> Diesel, gal _____ <input type="checkbox"/> <u>MoGas</u> , gal _____ <input type="checkbox"/> <u>AvGas</u> , gal _____ <input type="checkbox"/> Jet A, gal _____				
Assigned Apparatus/Vehicles (attach other sheets if needed)					
Apparatus Type	Unit No.	Shop No.	Minimum Staffing *	Comments	
*If an apparatus is cross staffed, enter "CS" after the minimum staffing number					

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3B. Facilities Information & Condition

Facility Name or Station Number: _____			
Item	Score	Item	Score
Site		Interior	
Site Utilities and fire hydrants		Security	
Emergency vehicle access		Walls, ceilings, and interior finishes	
Pedestrian access (ADA and safety)		Doors, windows, partitions, and hardware	
Roadways/driveways and associated signage, markings		Floor condition and suitability	
Parking lots and associated signage, markings		Stairs: Interior stairs, handrails, and landings	
Pedestrian sidewalks and associated signage, markings		Information Technology	
Fences, walls, and access gates		Cabinetry, Furniture	
Stormwater drainage / storage		Multi-purpose training/meeting areas	
Landscape vegetation and trees		Restroom facilities, showers, lockers	
Irrigation system		Kitchen/food service facilities, water fountains	
Patio systems and furniture		Dormitory facilities	
Loading Dock		Living facilities, breakrooms, workout facilities	
Helipad / Fuel storage and dispensing system		Apparatus bays	
Miscellaneous utility, trash, and storage structures		Storage and mechanical rooms	
Substructure		Utilities	
Foundations: Walls, columns, beams, or pilings		Emergency Power <input type="checkbox"/> Gas <input type="checkbox"/> Diesel, Day tank size _____	
Basement: Materials, insulation, slab, floor underpinnings		Electrical service and distribution	
Loading dock		Lighting & branch wiring (interior and exterior)	

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3B. Facilities Information & Condition

Exterior			Communications and security system	
Frame: columns, pillars, walls, covered walkways, balconies			Gas service and distribution	
Roof: Condition, gutters, eaves, openings, leakage, ponding			Water service, heating, and distribution	
Exterior condition, finishes, and appearance			Sanitary Collection / Septic System / Grease traps	
Exterior doors, windows, doors, and hardware			Mechanical systems	
Fire / Life Safety			Heat Generation and distribution systems	
Open code violations or deficiencies			Cooling generation and distribution systems	
Applied fireproofing			Testing, balancing, controls, and instrumentation	
Fire doors, fire escapes			Refrigeration systems, freezers, and ice machines / storage	
Emergency lighting			Elevators, escalators, and lifts	
Fire detection and alarm, auto shut-off (cooking)			Chimneys, vents, and exhaust systems	
Automatic sprinklers, standpipes, and fire pumps			Cascade system / Breathing Air Compressor	
Eyewash stations			Apparatus Bay Heater System	
Decontamination Area, Biohazard Disposal			Apparatus Bay Exhaust System	
Washer/Extractor for PPE			Washer/Dryer for station wear/linen	
1. Very Good	2. Good	3. Fair	4. Poor	5. Critical
As New, No Defects, Performing as intended	Minor defects Performing as intended	Moderate defect Functioning, but worn	Minor or major defect Not functioning as desired	Major defect Not functioning OR Risk to safety and health
Preventive Maintenance	Conditional Repair	Repair	Repair OR Replace	Immediate Repair OR Replace

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3C. Apparatus Information & Condition

Use the table below to rate the condition of each apparatus. USE A SEPARATE SHEET FOR EACH VEHICLE.					
Type	<input type="checkbox"/> Engine <input type="checkbox"/> Aerial <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker/Tender <input type="checkbox"/> Brush Truck <input type="checkbox"/> Utility <input type="checkbox"/> Ambulance <input type="checkbox"/> Command/Staff <input type="checkbox"/> Other (specify: _____)				
Shop No.		Unit ID		VIN	
Year Purchased		Manufacturer		Model	
Hours		Mileage		Service	<input type="checkbox"/> Frontline <input type="checkbox"/> Reserve
Component	Criteria				Score
Age	One point for every year of chronological age, based on in-service date.				
Miles/Hours	One point for each 10,000 miles or 1,000 hours.				
Service	1, 3, or 5 points based on type of service unit. 3C. Apparatus Information & C... , minor, or major. The more severe the service, the higher the number of points.				
Condition	1, 3, or 5 points based on body condition, rust, interior condition, accident history, anticipated major repairs or upgrades, and similar items. The worse the condition, the higher the number of points.				
Reliability	1, 3, or 5 based on the frequency that a vehicle is out of service for repair. The lower the reliability, the higher the number of points.				
Total Score					

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3C. Apparatus Information & Condition

				Total Score
Very Good <20	Good 21 -25	Fair 26-30	Poor > 31	Critical
0-10 years of service Low mileage As New, No Defects, Performing as intended	11-20 years of service Moderate mileage Minor defects Performing as intended	21-25 years of service High mileage Moderate defects Functioning, but worn	26-30 years of service High mileage Major defects Not functioning as desired	31+ years of service High mileage Major defect Not functioning as desired Risk to safety and health
Preventive Maintenance	Conditional Repair	Repair	Repair OR Replace	Immediate Repair OR Replace
Notes or other explanatory information:				

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3D. Capital Plan Worksheet

Project	\$, year 1	\$, year 2	\$, year 3	\$, past year 3

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3E. Capital Project Worksheet

Project Name	
Project Description and Purpose	
Estimated Cost to Complete	\$
Desired Completion Date	

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3E. Capital Project Worksheet

For Admin Use ONLY			
Initial Proposal Date		Approval Date	
Status / Comments			

4. Financial Outlook: Required Files

Department Name:					
Primary Contact name:		Phone:		e-mail:	
The Agency develops, submits, and manages a budget;				<input type="checkbox"/> Yes	<input type="checkbox"/> No
has a formal budget process,				<input type="checkbox"/> Yes	<input type="checkbox"/> No
provides monthly updates of YTD budget status, and				<input type="checkbox"/> Yes	<input type="checkbox"/> No
has a written directive that designates who is responsible for the budget.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please provide electronic copies of the following financial files for the PAST FIVE YEARS					
Total appraised value for service area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detailed annual operations budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total assessed value for service area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual annual operating expenditures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tax Rate – Total, M&O, Debt Service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Detailed capital budget	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Budgeted dept revenue, all sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Actual capital expenditures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Actual dept revenue, all sources	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total annual cost of facility operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source(s) of revenue	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Total annual cost of a firefighter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Staffing roster, w/ salaries/hourly rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Cost share or labor agreements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes or other explanatory information:					

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SAFE-D 25
Annual Conference

Round Rock, TX
Feb 6-8, 2025

Create the Plan

MIKE MONTGOMERY
BRAZOS COUNTY ESD 1

Getting Started

- **Choose a Team Leader**
- **Identify and Engage Stakeholders**
- **Recruit a Collaborative Planning Team**
- **Pick a Timeframe**
- **Go to Work**

Think in terms of Perspectives



OPERATIONAL PHILOSOPHY



COMMUNITY



PEOPLE



FINANCES



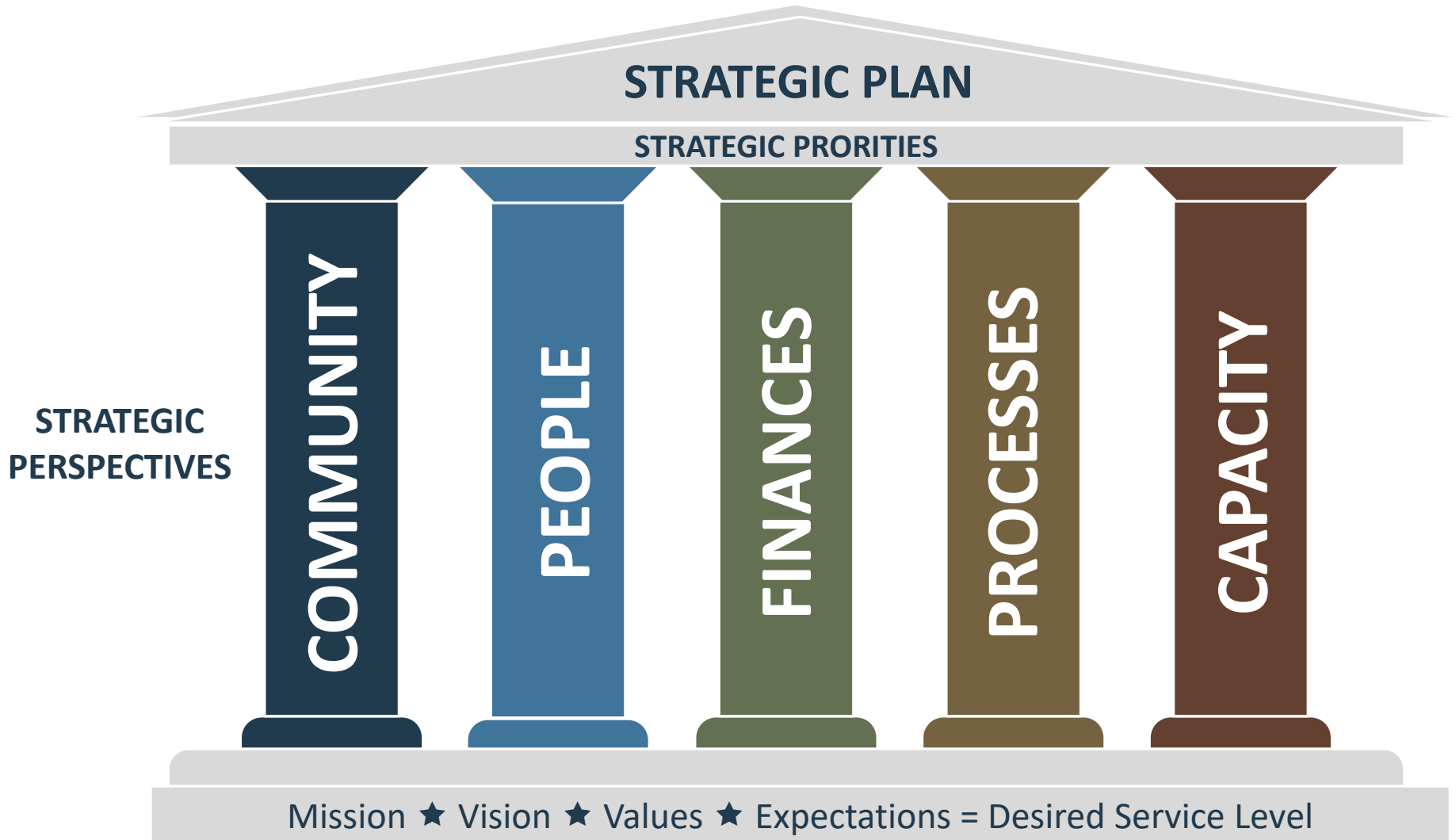
PROCESSES



CAPACITY

Source: adapted from “*Balanced Scorecard for Government and Nonprofit Agencies*”, Paul Niven, © 2003

Build a Strong Foundation



Source: adapted from “Balanced Scorecard for Government and Nonprofit Agencies”, Paul Niven, © 2003

Add a Department Profile

- Department history and organization
- Mission, vision, values, and expectations
- Service area size and population protected
- Services, people, stations, and apparatus
- Response Statistics
- Funding

Add a Community Profile

- **Geographic overview**
- **Demographics**
- **At-risk Populations**
- **Hazards and vulnerabilities**
- **Response experience**
- **Community needs, expectations, and concerns**

Turn Perspectives into Priorities



- Improve Community Outcomes
- Take Care of our People
- Attain Financial Stability and Transparency
- Excel at Internal Processes
- Build and Sustain Capacity

Write SMART Objectives

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-sensitive



Example of a Strategic Initiative

INITIATIVE 1—IMPROVE RESPONSE TIME

Staffing is one of the biggest challenges facing the District and it has a direct impact on response time and capability. Increased staffing demands in urban areas are drawing current and potential volunteers out of the rural setting and away from the District. Thus, recruitment of paid staff, both full-time and part-time, must be considered to ensure a competent and timely response to emergencies, and will be a challenge for the foreseeable future.

GOAL 1A HIRE FIRE CHIEF

CRITICAL TASK

OBJECTIVE: COMPLETE THE SELECTION PROCESS FOR A FULL-TIME PAID FIRE CHIEF

GOAL 1B HIRE INITIAL DUTY CREW, 3-PERSON

MID-TERM

OBJECTIVE: PROVIDE A 1ST-UNIT RESPONSE TIME OF 20 MINUTES OR LESS, 90% OF THE TIME, EXCEPT IN REMOTE AREAS OF THE DISTRICT

GOAL 1C HIRE SECOND DUTY CREW, 3-PERSON

LONG-TERM

OBJECTIVE: PROVIDE A 1ST-UNIT RESPONSE TIME OF 10 MINUTES OR LESS, 90% OF THE TIME, EXCEPT IN REMOTE AREAS OF THE DISTRICT

Timelines and Action Plans

- Critical Task within the next 90 days
- Short-term within this budget year
- Mid-range within two budget cycles
- Long-range within five years or longer
- Ongoing current and continuing

Every goal and objective needs a sponsor

Add the Capital Plan

- **Facilities**
- **Apparatus and Other Vehicles**
- **Tools and Equipment**
- **Safety Equipment**

Example of a Capital Plan

	FY 25	FY 26	FY 27	FY 28	FY 29
Facilities					
Station 1 remodel/addition	923,000				
Station 2 remodel		472,000			
Station 3 remodel				206,000	
Station 4 land/construction, new			450,000		600,000
Total Facilities	923,000	472,000	450,000	206,000	600,000
Vehicles					
Engine 1 replacement		750,000			
Brush truck 1 replacement		300,000			
Command 1 replacement		130,000			
Brush truck 2 replacement				320,000	
Engine 2 replacement				850,000	
Engine 3 replacement					875,000
Total Vehicles	0	1,180,000	0	1,170,000	875,000
Other equipment					
Turnout gear	24,000	26,000	30,000	36,000	40,000
E-rescue tools		45,000	45,000		60,000
Radios		10,199	21,095		22,108
Hose		10,000	22,000	8,090	150,000
Total Other Equipment	24,000	91,199	118,095	44,090	272,108
Total CAPEX	947,000	1,743,199	568,095	1,420,090	1,747,108

Add the Financial Outlook

- **Annual Budget**
 - Recurring Revenues
 - Recurring Expenses
 - Net Cash Flow
- **Capital Budget**
 - Non-recurring Capital Projects
 - Non-recurring Source of Funds
- **Cash Balance (Reserves)**
 - Beginning and ending
 - Reserve as % of annual ops expense

Example of a Financial Outlook

Description	Projected					% increase 2025-29
	2025	2026	2027	2028	2029	
Property Tax Revenues	4,252,244	4,618,589	5,180,292	5,499,729	6,155,460	44.8%
Other Receipts	110,680	118,076	280,492	1,021,469	1,442,792	1203.6%
Total Recurring Revenues	4,362,924	4,736,665	5,460,784	6,521,198	7,598,252	74.2%
Recurring Expenses	3,047,252	3,396,519	4,360,158	4,723,737	5,312,112	74.3%
Total Non-Recurring Costs	947,311	1,743,199	568,095	1,422,090	1,747,108	84.4%
Total Expenditures	3,994,563	5,139,718	4,928,253	6,145,827	7,059,220	76.7%
Net Cash Flow (Deficit)	368,361	(403,053)	532,531	377,371	539,032	146.3%
Beginning Balance, Reserve	3,416,872	3,785,233	3,382,180	3,914,711	4,292,082	125.6%
Ending Balance, Reserve	3,785,233	3,382,180	3,914,711	4,292,082	4,831,114	127.6%
Reserve, % of ops expense	95%	66%	79%	70%	68%	(27)%



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