

LOCAL RECREATION PROVIDERS SURVEY

APPENDIX B

1. Of the following which best describes your role in local parks and recreation provision? (Check one)

- Employee of County Parks and Recreation Department
- Employee of Township Parks and Recreation Department
- Employee of Municipal Parks and Recreation Department
- Other unit of local government (Street Department, Public Works, Public Works)
- Member of County Park Board*
- Member of Township Park Board*
- Member of Municipal Park Board*
- Member of "Friends of" group or similar (non-profit/nongovernmental management group) What group? _____

*Park Board refers to a legally established management body that complies with IC 36-10-3 or IC 36-10-4 *<http://www.ai.org/legislative/ic/code/title36/ar10/ch3.html>

2. Please, indicate your primary role in the local parks and recreation system (superintendent, management, programming staff, facilities maintenance, park board chairperson, etc.) _____

3. Which of the following exist in your community? (Check all that apply)

- Parks and Recreation Department
- Park Board (or Park and Recreation Board)
- "Friends of Parks" group or similar (nongovernmental/non-profit parks or trails management group)
- Other agency that manages local public parks and recreation or trails: Please explain _____

4. Which units of government are involved with providing local parks and/or recreation opportunities to citizens in your community? Please check all that apply:

- County Municipal (City or Town)
- Township Other (please explain) _____

5. What zip codes represent the community served by the local parks and recreation system?

- A. _____ E. _____
- B. _____ F. _____
- C. _____ G. _____
- D. _____ H. _____

Land and Facilities Management:

6. What is the total number of acres managed under the local park system? _____ acres

7. Of the following amenities, how many acres do you utilize for recreation?

Natural Amenity	Number of Acres
Forest	
Water bodies (e.g., ponds, lakes, wetlands)	
Land Trails	
Water Trails	
Open Green Space	
Other	
Other	

Budgets:

8. What was the 2013 budget for your agency? _____

9. What was the total revenue earned by the local parks and recreation system in 2013? _____

10. Has your legally appropriated budget increased or decreased since the 2012 fiscal year? _____

11. Do you dedicate any percentage of your budget to ADA compliance

- Yes, what percentage? _____
- No

12. What measures, in the last five years, have you taken to achieve ADA compliance

13. What percent of the local tax base goes to the local parks and recreation department?

- <1% 1% - 2% 2% - 5% >5%

14. Does your facility use non-reverting funds?

- Yes No

Facilities Management

15. Please complete the following two tables about your local park system (Park and Recreation Facilities).

Park or Recreation Facility	Do you currently have this facility in the local park system?		Do you regularly provide programs with this facility?	
	YES	NO	YES	NO
Sports Fields (baseball, soccer, etc.)				
Playground				
Picnic Area				
Campground				
Hard surface courts (basketball, tennis, etc.)				
Skate park				
Dog park				
Swimming Pool/spray park				
Other _____				

16. Please complete the following two tables about your local park system (Trails Systems).

Trails Systems	Do you currently have this facility in the local park system?		Do you regularly provide programs with this facility?	
	YES	NO	YES	NO
Multi-use natural surface trail (bike/pedestrian & equine)				
Multi-use natural surface trail (OHV, bike/pedestrian & equine)				
Nature/Interpretive trail				
Connector trails to existing trails				
Single-use trail (any surface)				
ADA-compliant Accessible Trail				
Water trails				
Greenway or other paved trail				
Other _____				
Other _____				

Facility Maintenance:

17. What are the operation and maintenance costs for the following facilities (Park and Recreation Facilities)?

Park or Recreation Facility	Annual Operation Cost	Annual Maintenance Cost
Sports Fields (baseball, soccer, etc.)		
Playground		
Picnic Area		
Campground		
Hard surface courts (basketball, tennis, etc.)		
Skate park		
Dog park		
Swimming Pool/spray park		
Other _____		

18. What are the operation and maintenance costs for the following facilities (Trails Systems)?

Trails Systems	Annual Operation Cost	Annual Maintenance Cost
Multi-use natural surface trail (bike/pedestrian & equine)		
Multi-use natural surface trail (OHV, bike/pedestrian & equine)		
Nature/Interpretive trail		
Connector trails to existing trails		
Single-use trail (any surface)		
ADA-compliant Accessible Trail		
Water trails		
Greenway or other paved trail		
Other _____		
Other _____		

19. What percentage of the budget is set aside for the PREVENTIVE/SCHEDULED/EMERGENCY maintenance of the above aspects of the facility (please explain)?

	Percent of Budget	Examples of maintenance projects, schedules, etc.
Preventive Maintenance (e.g. tightening bolts on play equipment, changing engine oil, etc.)		
Scheduled Maintenance (e.g. seasonal/yearly vehicle tune-ups; winter season machinery tear-downs, interior/exterior painting)		
Emergency Maintenance (e.g. broken water pipes, vandalism repair/clean-up)		

Issues Facing Local Recreation Providers: Funding

20. Please indicate any measures you have taken in the past five years to address funding challenges with parks and recreation in your community.

Measure taken/planned	Funding sources tried/used	Funding sources planned (future)	Not used or planned
Worked with park foundation			
Levied taxes			
Bond fund			
Engaged in fundraising			
Approached small local business for funding			
Pursued non-park foundations			
Closed facilities			
Received donations			
Applied for grants			
Pursued public-private partnership			
Sold advertising space to local businesses (sponsorships)			
Private funding for naming rights			
Other _____			

Staff

21. Please indicate any measures you have taken in the past five years to address staffing challenges with parks and recreation in your community.

Measure taken/planned	Funding sources tried/used	Funding sources planned (future)	Not used or planned
Used/Increased Volunteers			
Worked with Friends of Parks Groups			
Worked with Community Center			
Worked with youth sports leagues			
Partnering with other government agencies			
Partnering with local educational programs			
Partnering with local for profit agencies			
Local business donations of people/staff time			
Local business donations of equipment			
Local non-profit organizations			
Other _____			

Land Acquisition

22. Please indicate from the list below any measures you have taken in the past five years to address the need for land for parks and recreation in your community.

Measure taken/planned	Funding sources tried/used	Funding sources planned (future)	Not used or planned
Land and Water Conservation Fund grant used to purchase land			
Partner with local schools for public use of their land or recreational facilities			
Utility corridors or Rights of Way			
Land trust or other nonprofit landowners			
Land trust or other nonprofit landowners			
Cooperation with private landowners			
Indiana Department of Natural Resources Grant programs (other than LWCF)			
Other _____			

Community Members Served by Local Parks and Recreation:

23. From the following list, please indicate the demographic groups you regularly (seasonally) provide local parks and recreation service or programs to, and how well do you think you serve their recreational needs?

Regularly provide for:	Level of service achieved/Needs provided for:		
	Not at all	Occasionally	Always
Youth, 1-8 years old			
Youth, 9-12 years old			
Teens 13-18 years old			
YA, Single, 19 years+			
Families with Children			
Older adults past child bearing years			
Senior Citizens			
Persons with disabilities			
Racial minorities in the community			
Ethnic groups in the community			
Low income groups			
Middle income groups			
High income groups			

24. Are any groups from the question above a priority or main focus for provision in your parks and recreation system the next 5-10 years? Please explain why: _____

Local Competition

25. Please indicate in the table below if the local park and recreation system has competition from other providers of recreational opportunities in the community.

Other Recreational Providers	Type of Competition		
	Revenue	Participation/Use	N/A
Privately-owned Neighborhood Parks in Subdivisions			
Private for Profit Providers			
Non-Profit Provider (e.g. YMCA)			
School Systems providing recreation			
State Properties			
Federal Properties			
Other _____			

Local Collaboration

26. Please indicate in the table below if the local park and recreation system has collaboration with other providers of recreational opportunities in the community.

Other Recreational Providers	YES	NO
Privately-owned Neighborhood Parks in Subdivisions		
Private for Profit Providers		
Non-Profit Provider (e.g. YMCA)		
School Systems providing recreation		
State Properties		
Federal Properties		
Other _____		

Master Planning:

27. Does your local park and recreation system have a system wide master plan?
 Yes No
 If yes, when was it last published? _____ year

28. Do you plan to develop a local parks and recreation master plan in the next 5-10 years?
 Yes No Undecided

Demographics:

Please tell us about the people who work within the parks and recreation system.
 _____ Please indicate here if you would like to opt out of answering the demographic questions.

Demographic Questions	Please answer for yourself, the respondent	How many people of the local Parks & Recreation system fit the following categories? Included hired staff and park board members.
How long have you served in your current position?	_____ Years _____ Months	Is your paid staff unionized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Number of Male staff in Park System _____ Number of Female staff in Park System
Persons with Disability	<input type="checkbox"/> Yes I have a disability <input type="checkbox"/> No I do not	_____ Number of Staff with Disabilities
Age	What is your age? _____	How many staff in the parks system fall in to the following ages? ___ 15-20 ___ 21-30 ___ 31-40 ___ 41-50 ___ 41-60 ___ 61-70 ___ 71 or older
How many years have you worked in the Parks & Recreation profession?	_____ Years	
What is your level of education attained?	<input type="checkbox"/> Less than high school degree <input type="checkbox"/> Graduated High School <input type="checkbox"/> Some college <input type="checkbox"/> College Graduate <input type="checkbox"/> Graduate School	
Race/Ethnicity	<input type="checkbox"/> White, Nonhispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Mixed Race <input type="checkbox"/> Other <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native American	

Thank you for your participation.