



The purpose of this page is to show your entire form for printing/review.

Survey Review

JURISDICTION INFORMATION

The term Jurisdiction refers to the taxing authority under which your agency / department operates. In most cases an agency / department represents the same geographic boundary as their taxing authority, for example, a city, town or county. In some instances, an agency / department may be enabled as a special district that gives it independence from the taxing authority through revenue operations, special tax levy's or even the ability to establish its own tax rate. Still others may represent two or more taxing authorities and are designated as regional or a declared county / city "Metro" status. The jurisdictions listed reflect the US Postal Service listing of incorporated municipalities.

1. Which of the following best describes your agency / department's jurisdiction type? ?

- ☐ Borough
- ☐ Village
- ☐ City
- ☐ Town
- ☐ Township
- ☒ County
- ☐ State
- ☐ Special District
- ☐ Regional / Metro Authority
- ☐ Independent District / Authority
- ☐ School District
- ☐ Military Department
- ☐ Tribal Lands / Reservation
- ☐ Other

2. In what country is your agency located?

- ☒ United States
- ☐ Canada
- ☐ Mexico
- ☐ Other

3. In what state / province is your agency located?

4. For 2020, what was your Jurisdiction's total annual operating and capital budget?

Indicate the total budgets for all departments in your Jurisdiction government. Information will be used to compare the relationship of the total jurisdiction budgets to that of your park and recreation agency's budgets (reported in the Agency Operations section of the survey later). ?

|                                               |    |             |
|-----------------------------------------------|----|-------------|
| a. 2020 Jurisdiction total operating budget ? | \$ | 55672956.00 |
| b. 2020 Jurisdiction annual capital budget ?  | \$ | 77928000.00 |

5. Please estimate the square mileage and population of the incorporated jurisdiction your agency serves.

Census data about the area your agency services can be found from the U.S. Census Bureau at:

<https://www.census.gov/quickfacts/fact/table/US/PST045219>

|                                                  |   |            |
|--------------------------------------------------|---|------------|
| a. Square mileage of incorporated jurisdiction ? | # | 550000.00  |
| b. Population of jurisdiction                    | # | 1000000.00 |

6. Additional Comments for this section:

AGENCY OPERATIONS: OPERATING BUDGET

7. What were the total operating expenditures for your agency during FY2020? ?

|    |             |
|----|-------------|
| \$ | 55672956.00 |
|----|-------------|

8. Provide a dollar amount for your agency's actual (not budgeted) spending on its parks and recreation work for the same year reported in the previous question:

|                                                                                        |    |  |
|----------------------------------------------------------------------------------------|----|--|
| a. Parks ?                                                                             | \$ |  |
| b. Recreation (building maint. & programming) ?                                        | \$ |  |
| c. Admin ?                                                                             | \$ |  |
| d. Other (i.e., non-park / rec such as libraries, cemeteries, etc.)<br>Please describe | \$ |  |

9. Please estimate the percentage of your agency's total operating expenditures for each of the following categories.

(Sum of categories must add to 100%)

|                                      |       |      |
|--------------------------------------|-------|------|
| a. Personnel services ?              | 50.00 | %    |
| b. Operating expenses ?              | 50.00 | %    |
| c. Capital expense not in CIP ?      |       | %    |
| d. Other (Please describe )          |       | %    |
| TOTAL (percentages must add to 100%) |       | 100% |

10. Please estimate the percentage of your total operating expenditures *from* each of the following sources.

(Sum of sources must equal 100%)

|                                    |       |   |
|------------------------------------|-------|---|
| a. General fund / Appropriations ? | 37.00 | % |
|------------------------------------|-------|---|

|                                                                             |                      |      |
|-----------------------------------------------------------------------------|----------------------|------|
| b. Special taxes / Levies (voter approved) ?                                | <input type="text"/> | %    |
| c. Special taxes / Levies (non-voter approved)                              | <input type="text"/> | %    |
| d. Earned revenue (only report if you “keep” it) ?                          | 63.00                | %    |
| e. Sponsorships, in-kind donations, or private operating grants/donations ? | <input type="text"/> | %    |
| f. Operating Grants from public agency ?                                    | <input type="text"/> | %    |
| g. Other (Please describe ) <input type="text"/>                            | <input type="text"/> | %    |
| TOTAL (percentages must add to 100%)                                        |                      | 100% |

11. Please estimate your agency’s TOTAL Earned Revenue (Cost Recovery) for Fiscal Year 2020 and how the earned revenue is allocated. ?

|                                                 |    |                      |
|-------------------------------------------------|----|----------------------|
| a. Allocated to the Jurisdiction’s General Fund | \$ | <input type="text"/> |
| b. Kept by the Parks and Recreation Agency      | \$ | <input type="text"/> |
| c. Other (Please describe) <input type="text"/> | \$ | <input type="text"/> |
| d. Total Earned Revenue (sum of a + b + c)      | \$ | <input type="text"/> |

12. Additional Comments for this section

# CAPITAL BUDGET

13. What Is your agency’s total capital budget for the next 5 years? What was the total capital budget for FY2020?

|                                |    |                                           |
|--------------------------------|----|-------------------------------------------|
| a. Capital Budget Next 5-Years | \$ | <input type="text" value="231836000.00"/> |
| b. Capital Budget for FY2020 ? | \$ | <input type="text" value="72928000.00"/>  |

14. Please estimate the percentage of your agency’s current year’s capital budget expenditures by the following sources:

|                                                       |                      |      |
|-------------------------------------------------------|----------------------|------|
| a. General Fund / Appropriations                      | 95.00                | %    |
| b. Bonds and Taxes – Voter Approved                   | <input type="text"/> | %    |
| c. Bonds and Taxes – Non Voter Approved               | <input type="text"/> | %    |
| d. Private Capital Grants or Donations to Park Agency | <input type="text"/> | %    |
| e. Capital Grants from Public Agency                  | 5.00                 | %    |
| f. Development Fees                                   | <input type="text"/> | %    |
| g. Other (Please describe ) <input type="text"/>      | <input type="text"/> | %    |
| TOTAL (percentages must add to 100%)                  |                      | 100% |

15. Of your agency's current fiscal year's capital budget, what amount was designated for the following purposes?

|                               |    |    |
|-------------------------------|----|----|
| a. Acquisition <span>?</span> | \$ |    |
| b. Improvements               | \$ |    |
| c. Other (Please describe)    |    | \$ |

15b. Of the improvement dollars reported in Q15, please estimate the percentage split between renovations vs. new:

|                                      |       |      |
|--------------------------------------|-------|------|
| Renovation                           | 80.00 | %    |
| New                                  | 20.00 | %    |
| TOTAL (percentages must add to 100%) |       | 100% |

15c. Of the improvement dollars reported in Q15, please estimate the percentage split between buildings vs. parks:

|                                      |  |      |
|--------------------------------------|--|------|
| Buildings                            |  | %    |
| Parks                                |  | %    |
| TOTAL (percentages must add to 100%) |  | 100% |

16. Please estimate the dollar value of deferred maintenance projects your agency faces. This includes repairs and maintenance of your agency's infrastructure (e.g., roads, buildings, playgrounds, utilities). Please enter a zero if your agency does not currently have any deferred maintenance projects.

|    |  |
|----|--|
| \$ |  |
|----|--|

17. How do you define or estimate deferred maintenance?

18. Other sources of capital funds (please describe):

19. Additional Comments for this section:

## PERSONNEL

20. Please enter the number of funded employees at your agency.

|                                                                         |   |           |
|-------------------------------------------------------------------------|---|-----------|
| a. Number of full-time employees <span>?</span>                         | # | 244.00    |
| b. Number of non-full-time employees <span>?</span>                     | # | 1250.00   |
| c. Hours worked annually by non-full-time employees <span>?</span>      | # | 166000.00 |
| d. Total number of full-time equivalent employees (FTEs) <span>?</span> | # | 250.00    |

21. What percentage of your total full-time FTEs are involved in the following operational areas? (estimate if necessary)

|                                  |       |   |
|----------------------------------|-------|---|
| a. Administration <span>?</span> | 10.00 | % |
|----------------------------------|-------|---|

|                                      |       |      |
|--------------------------------------|-------|------|
| b. Operations / Maintenance ?        | 85.00 | %    |
| c. Programming ?                     | 4.00  | %    |
| d. Capital Development               | 1.00  | %    |
| e. Other<br>(Please describe):       |       | %    |
| TOTAL (percentages must add to 100%) |       | 100% |

22. Please estimate the number of volunteers and the number of hours worked by the volunteers at your agency in fiscal year 2020. ?

|                                                       |   |          |
|-------------------------------------------------------|---|----------|
| a. Number of volunteers                               | # | 4076.00  |
| b. Total <u>annual</u> hours worked by all volunteers | # | 11097.00 |

23. Are at least some percentage of your agency's staff covered by collective bargaining (i.e., are union members)? ?

- ☒ Yes
- ☐ No

24. Additional Comments for this section:

## AGENCY RESPONSIBILITIES

25. Responsibilities can vary greatly by agency. Does your agency... (Select all that apply)

- ☒ a. Operate and maintain park sites? ?
- ☒ b. Operate and maintain indoor facilities? ?
- ☒ c. Operate, maintain, or contract golf courses?
- ☒ d. Operate, maintain, or contract campgrounds?
- ☐ e. Operate, maintain, or contract indoor swim facilities / water parks?
- ☒ f. Operate, maintain, or contract outdoor swim facilities / water parks? ?
- ☒ g. Operate, maintain, or contract racquet sport activities / courts / facilities?
- ☐ h. Operate, maintain, or contract tourism attractions?
- ☒ i. Provide recreation programming and services?
- ☒ j. Operate and maintain non-park sites? ?
- ☒ k. Operate, maintain, or manage trails, greenways, and/or blueways (TGB)?
- ☒ l. Operate, maintain, or manage special purpose parks and open spaces?
- ☐ m. Manage or maintain fairgrounds?
- ☒ n. Maintain, manage, or lease indoor performing arts center?
- ☒ o. Administer or manage farmer's markets?
- ☒ p. Administer community gardens?
- ☒ q. Manage large performance outdoor amphitheaters?
- ☒ r. Administer or manage professional or college-type stadium / arena / racetrack?
- ☒ s. Administer or manage tournament / event quality indoor sports complexes?
- ☒ t. Administer or manage tournament / event quality outdoor sports complexes?
- ☐ u. Conduct jurisdiction wide special events?

- ☒

v. Have budgetary responsibility for its administrative staff?
- ☒

w. Include in its operating budget the funding for planning and development functions?
- ☐

x. Operate, maintain, or contract marinas?
- ☒

y. Maintain or manage beaches (inclusive of all waterbody types)?

26. Additional Comments for this section:

## WORKLOAD

The information being collected below is critical to most of the management ratios. NRPA recognizes that some departments may not collect this data as part of their reporting process. If you do not know the actual numbers, please provide estimated responses. In future years you can collect the actual data and enter it at that time.

27. How many individual parks or non-park sites does your department / agency maintain and/or have management responsibility over? 

|                                   |   |          |
|-----------------------------------|---|----------|
| a. Total Number of Parks          | # | 50.00    |
| b. Total Park Acres               | # | 18000.00 |
| c. Total Number of Non-Park Sites | # | 0.00     |
| d. Total Acres of Non-Park Sites  | # | 0.00     |

28. Please estimate the number of acres of developed and undeveloped open space for which your department has management responsibility over or maintains.

|                                                                                                              |   |          |
|--------------------------------------------------------------------------------------------------------------|---|----------|
| a. Designed / Developed                                                                                      | # | 3000.00  |
| b. Natural / Undeveloped  | # | 15000.00 |
| c. Other (Please describe) <div></div>                                                                       | # |          |

29. Please estimate the total number of trail miles managed or maintained by your agency. 

#

200.00

30. What is the number of buildings and the square footage of the buildings operated by your agency? 

|                                         |   |            |
|-----------------------------------------|---|------------|
| a. Number of operated buildings         | # | 100.00     |
| b. Square footage of operated buildings | # | 1000000.00 |

31. Please estimate the number of programs your agency offers annually and how many people (i.e., contacts) are served by these programs.

|                                                                                                                                         |   |        |
|-----------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| a. Total number of programs offered                  | # | 500.00 |
| b. Number of fee-based programs                      | # | 270.00 |
| c. Total program contacts (estimate as necessary)  | # | 200.00 |

32. Please estimate the number of contacts (e.g. participants, users) of your agency's parks and facilities per year.

|                                                                                                                         |   |           |
|-------------------------------------------------------------------------------------------------------------------------|---|-----------|
| a. Total building facility contacts  | # | 300000.00 |
|-------------------------------------------------------------------------------------------------------------------------|---|-----------|



|                                          |   |            |
|------------------------------------------|---|------------|
| b. Total park facility contacts ?        | # | 2695000.00 |
| c. Total facilities and parks contacts ? | # | 2950000.00 |

33. Additional Comments for this section:

## FACILITIES

34. How many of each following facilities / amenities does your agency have?  
(Please note: while there may be some overlap in some of the facilities / amenities listed below, please keep in mind the primary purpose or intent of the facility when counting in order to limit any "double counting.")

|                                                                                    |   |        |
|------------------------------------------------------------------------------------|---|--------|
| a. Recreation centers (including gyms) ?                                           | # | 5.00   |
| b. Community centers ?                                                             | # | 20.00  |
| c. Senior centers ?                                                                | # | 0.00   |
| d. Teen centers ?                                                                  | # | 0.00   |
| e. Stadiums ?                                                                      | # | 1.00   |
| f. Indoor ice rink                                                                 | # | 1.00   |
| g. Arena ?                                                                         | # | 1.00   |
| h. Performance amphitheater                                                        | # | 3.00   |
| i. Nature centers ?                                                                | # | 6.00   |
| j. Permanent and semi-permanent restrooms ?                                        | # | 184.00 |
| k. Facilities with restrooms available free of use to public, not included above ? | # | 0.00   |

35. How many of the following facilities / amenities does your agency have?  
(Please note: while there may be some overlap in some of the facilities/amenities listed below, please keep in mind the primary purpose or intent of the facility when counting in order to limit any "double counting.")

|                                                                   |   |       |
|-------------------------------------------------------------------|---|-------|
| a. Playgrounds or play structures ?                               | # | 25.00 |
| Of the playgrounds or play structures reported above, how many... |   |       |
| Are primarily dedicated for kids aged 5-12?                       | # | 21.00 |
| Are tot lots primarily dedicated for kids aged 2-5?               | # | 4.00  |
| Have inclusive plays structures?                                  | # | 25.00 |
| b. Community gardens ?                                            | # | 2.00  |
| c. Basketball courts, standalone (outdoor) ?                      | # | 4.00  |
| d. Basketball courts , standalone (indoor) ?                      | # | 0.00  |
| e. Multiuse courts -basketball, volleyball, etc. (outdoor)        | # | 4.00  |

|                                                           |   |       |
|-----------------------------------------------------------|---|-------|
| f. Multiuse courts -basketball, volleyball, etc. (indoor) | # | 0.00  |
| g. Volleyball, standalone (outdoor)                       | # | 10.00 |
| h. Diamond fields: total                                  | # | 11.00 |
| i. Skateboard Parks                                       | # | 1.00  |
| j. Dog park ?                                             | # | 0.00  |
| k. Ice rink (outdoor only)                                | # | 0.00  |
| l. Rectangular fields: total                              | # | 10.00 |
| Of the rectangular fields, how many are synthetic?        | # | 4.00  |
| m. Overlay field                                          | # | 0.00  |
| n. Walking loops / running tracks (outdoor)               | # | 12.00 |
| o. Walking loops / running tracks (indoor)                | # | 0.00  |
| p. Splashpads, spraygrounds or spray showers              | # | 2.00  |
| q. Fitness zones / exercise stations (Outdoor)            | # | 2.00  |

36. How many of the following golf facilities does your agency have?

|                             |   |        |
|-----------------------------|---|--------|
| a. Driving range stations ? | # | 100.00 |
| b. 18-hole courses ?        | # | 6.00   |
| c. 9-hole courses ?         | # | 0.00   |
| d. Disc golf courses        | # | 0.00   |

37. How many of the following swimming / aquatics facilities does your agency have?

|                                                                          |   |      |
|--------------------------------------------------------------------------|---|------|
| a. Aquatics centers                                                      | # | 5.00 |
| b. Swimming pools (outdoor only)                                         | # | 5.00 |
| c. Total indoor competitive swimming pools ?                             | # | 0.00 |
| d. Indoor pool designated exclusively for leisure (i.e. non-competitive) | # | 0.00 |
| e. Therapeutic pool ?                                                    | # | 0.00 |
| f. Waterpark                                                             | # | 0.00 |

38. How many of the following racquet sports facilities does your agency have?

|                              |   |      |
|------------------------------|---|------|
| a. Tennis courts (outdoor) ? | # | 5.00 |
| b. Tennis courts (indoor) ?  | # | 0.00 |
| c. Pickleball (outdoor) ?    | # | 4.00 |
| d. Pickleball (indoor) ?     | # | 0.00 |



|                                                       |   |      |
|-------------------------------------------------------|---|------|
| e. Multiuse courts- Tennis, Pickleball (outdoor) ?    | # | 0.00 |
| f. Multiuse courts- Tennis, Pickleball (indoor) ?     | # | 0.00 |
| g. Racquetball / handball / squash courts (outdoor) ? | # | 0.00 |
| h. Racquetball / handball / squash courts (indoor) ?  | # | 0.00 |

39. Additional Comments for this section:

## ACTIVITIES

40. Does your agency offer activities in the following categories?

- ☒ a. Health and wellness education ?
- ☒ b. Safety training ?
- ☒ c. Fitness enhancement classes ?
- ☒ d. Team sports ?
- ☒ e. Individual sports ?
- ☒ f. Running / cycling races ?
- ☒ g. Racquet sports ?
- ☐ h. Martial arts ?
- ☒ i. Aquatics ?
- ☒ j. Golf ?
- ☒ k. Social recreation events ?
- ☒ l. Cultural crafts ?
- ☒ m. Performing arts ?
- ☒ n. Visual arts ?
- ☒ o. Natural and cultural history activities ?
- ☒ p. Themed special events ?
- ☐ q. Trips and tours ?
- ☐ r. eSports / eGaming

41. Does your agency offer the following Out of School Time (OST) activities?

|                                          |                                      |                                     |
|------------------------------------------|--------------------------------------|-------------------------------------|
| a. Summer camp ?                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| b. Before school programs ?              | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| c. After school programs                 | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| d. Preschool                             | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| e. Full daycare ?                        | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| f. Specific teen programs ?              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| g. Specific senior programs              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| h. Programs for people with disabilities | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| i. STEM programs                         | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |

42. Additional Comments for this section:

# POLICIES

43. Does your agency:

|                                                                                                                                               | Yes, at all locations            | Yes, at select locations         | No                    | N/A                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|-----------------------|-----------------------|
| a. Have a policy barring the use of all tobacco products in its parks and at its facilities and grounds?                                      | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| b. Have a policy that allows the consumption of alcohol by legal-aged adults on its premises?                                                 | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| c. Sell alcoholic beverages to legal-aged adults on its premises (sold either by the agency or by a concessionaire authorized by the agency)? | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Provide healthy food options in its vending machines?                                                                                      | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Provide healthy food options at its concession stands?                                                                                     | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Charge a parking fee at its parks or facilities?                                                                                           | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Charge an admission fee to enter its parks?                                                                                                | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Have an expressed commitment to diversity, equity and inclusion (DEI) in vision, mission and/or strategic plan documents?                  | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |
| i. Have hiring practices and policies that promote a diverse agency workforce?                                                                | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> | <input type="radio"/> |

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