

Home / 2023 Agency Performance Survey

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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.

| municipalities.   |
|---|
| <ul> <li>1. Which of the following best describes your agency / department's jurisdiction type? ②</li> <li>Borough</li> </ul> |
| ○ Village   |
| ○ City  |
| ○ Town  |
| ○ Township  |
| County  |
| ○ State   |
| Special District  |
| Regional / Metro Authority  |
| Independent District / Authority  |
| <ul> <li>School District</li> </ul>   |
| Military Department   |
| Tribal Lands / Reservation  |
| ○ Other   |
| 2. In what country is your agency located?  ■ United States   |
| ○ Canada  |
| ○ Mexico  |
| Other   |

| 4. For 2023, what was your <u>Jurisdiction's</u> total annual operating a   |          | •                  | ation will t | pe used to cor |
|---|----------|--------------------|--------------|----------------|
| he relationship of the total jurisdiction budgets to that of your pa<br>he Agency Operations section of the survey later). ?  | ırk and  | I recreation age   | ency's bud   | gets (reported |
| a. 2023 Jurisdiction total operating budget ?   | \$       | 60677211.00        |              |                |
| b. 2023 Jurisdiction annual capital budget ?  | \$       | 473009000.0        |              |                |
|   |          |                    |              |                |
| 5. Please estimate the square mileage and population of the inco<br>Census data about the area your agency services can be found f  | •        | -                  |              | •              |
| https://www.census.gov/quickfacts/fact/table  | /US/PS   | <u>T045219</u>     |              |                |
| a. Square mileage of incorporated jurisdiction 😯  | #        | 550000.00          |              |                |
| b. Population of jurisdiction   | #        | 1000000.00         |              |                |
| 5. Additional Comments for this section:  |          |                    |              |                |
|   |          |                    |              |                |
|   |          |                    |              |                |
| AGENCY OPERATIONS: O  | PF       | RATIN              | IG B         | RUDGF          |
| TOLITOT OF LIVITIONS. O   |          |                    | <u> </u>     | <u> </u>       |
| 7. What were the total operating expenditures for your <u>agency</u> du   | ring F\  | /2023? <b>②</b>    |              |                |
| \$ 60677211.00  | 3        |                    |              |                |
|   |          |                    |              |                |
| e. Provide a dollar amount for your agency's actual (not budgeted ame year reported in the previous question:   | d) sper  | nding on its par   | ks and red   | creation work  |
| a. Parks 😯  |          | \$                 |              |                |
| b. Recreation (building maint. & programming) ?   |          | \$                 |              |                |
| c. Admin ?  |          |                    |              |                |
|   |          | Ś                  |              |                |
| d Other (i.e. non-nark / rec such as libraries cemete   | ries et  | \$                 |              |                |
| d. Other (i.e., non-park / rec such as libraries, cemete<br>Please describe   | ries, et |                    |              |                |
| Please describe   |          | tc.) \$            | ch of the    | followina      |
| Please describe  Please estimate the percentage of your agency's total operating categories.  |          | tc.) \$            | ch of the    | following      |
| Please describe  Please estimate the percentage of your agency's total operating at egories.  Sum of categories must add to 100%)   |          | tc.) \$            | ch of the    |                |
| Please describe  Please estimate the percentage of your agency's total operating categories.  |          | tc.) \$            |              | following %    |
| Please describe  Please estimate the percentage of your agency's total operating ategories.  Sum of categories must add to 100%)  |          | enditures for ea   | 00           |                |
| Please describe  Please estimate the percentage of your agency's total operating categories.  Sum of categories must add to 100%)  a. Personnel services ?  |          | enditures for ea   | 00           | %              |
| Please describe  Please estimate the percentage of your agency's total operating categories.  Sum of categories must add to 100%)  a. Personnel services ?  b. Operating expenses ?   |          | enditures for ea   | 00           | %              |
| Please describe  9. Please estimate the percentage of your agency's total operating categories.  (Sum of categories must add to 100%)  a. Personnel services ?  b. Operating expenses ?  c. Capital expense not in CIP ?                          |          | enditures for ea   | 00           | %              |
| Please describe  Please estimate the percentage of your agency's total operating categories.  (Sum of categories must add to 100%)  a. Personnel services ?  b. Operating expenses ?  c. Capital expense not in CIP ?  d. Other (Please describe) | g expe   | enditures for each | 00 00 100%   | %<br>%<br>%    |

61.00

%

| b. Special taxes / Levies (vo   | oter approved) 😢  |       |                  |         |        |           |            | %    |
|---|---|-------|------------------|---------|--------|-----------|------------|------|
| c. Special taxes / Levies (no   | on-voter approved)  |       |                  |         |        |           |            | %    |
| d. Earned revenue (only report if you "keep" it) 😯  |   |       |                  | 39.00   |        | %         |            |      |
| e. Sponsorships, in-kind donations, or private operating grants/donations ?   |   |       |                  |         |        | %         |            |      |
| f. Operating Grants from pu   | blic agency 😯   |       |                  |         |        |           |            | %    |
| g. Other (Please describe )   |   |       |                  |         |        |           |            | %    |
| TOTAL (percentages must a   | TOTAL (percentages must add to 100%)                                  |       |                  |         |        | 10        | 0%         |      |
| . Please estimate your agency's TOTA<br>renue is allocated. ②   | AL Earned Revenue (   | (Cost | Recover          | y) for  | Fiscal | Year 202  | :3 and     | hov  |
| a. Allocated to the Jurisdict   | tion's General Fund   |       | \$               |         |        |           |            |      |
| b. Kept by the Parks and Re   | ecreation Agency  |       | \$               |         |        |           |            |      |
| c. Other (Please describe)  |   |       | \$               |         |        |           |            |      |
| d. Total Earned Revenue (su   | um of a + b + c)  |       | \$               |         |        |           |            |      |
|   |   |       |                  |         |        |           |            |      |
| Additional Comments for this section  APITAL BUDGI  What Is your agency's total capital be a. Capital Budget Next 5   | ET<br>oudget for the next 5   |       |                  |         |        | l capital | budget     | t fo |
| APITAL BUDGI  . What Is your agency's total capital back a. Capital Budget Next 5   | eudget for the next 55-Years  | \$    | 744850           | 00.00   |        | I capital | budget     | t fo |
| APITAL BUDGI  . What Is your agency's total capital b   | eudget for the next 55-Years  |       |                  | 00.00   |        | I capital | budget     | t fo |
| APITAL BUDGI  . What Is your agency's total capital back a. Capital Budget Next 5   | ET  oudget for the next 5  7-Years  72023                             | \$    | 744850<br>115672 | 2000.00 | 0      |           |            |      |
| APITAL BUDGI  What Is your agency's total capital be a. Capital Budget Next 5  b. Capital Budget for FY   | ET  oudget for the next 5  7-Years  72023                             | \$    | 744850<br>115672 | 2000.00 | 0      |           |            |      |
| APITAL BUDGE  What Is your agency's total capital be a. Capital Budget Next 5  b. Capital Budget for FY  Please estimate the percentage of yources:   | ET  oudget for the next 5  7-Years  72023                             | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by th    |      |
| APITAL BUDGI  What Is your agency's total capital bear. Capital Budget Next 5  b. Capital Budget for FY  Decrease estimate the percentage of yources:  General Fund / Appropriations  | Dudget for the next 55-Years  2023 ?                                  | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by the   |      |
| APITAL BUDGE  What Is your agency's total capital be a. Capital Budget Next 5  b. Capital Budget for FY  Decrease estimate the percentage of yources:  General Fund / Appropriations  Bonds and Taxes – Voter Approved  | ET  oudget for the next 5 5-Years  2023   your agency's current  oved | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by the   |      |
| APITAL BUDGE  What Is your agency's total capital be a. Capital Budget Next 5  b. Capital Budget for FY  Please estimate the percentage of yources:  General Fund / Appropriations  Bonds and Taxes – Voter Approved  Bonds and Taxes – Non Voter Appro   | ET  oudget for the next 5 5-Years  2023   your agency's current  oved | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by the   |      |
| APITAL BUDGI  What Is your agency's total capital bear. Capital Budget Next 5  b. Capital Budget for FY  December 1: December 2: December 3: December | ET  oudget for the next 5 5-Years  2023   your agency's current  oved | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by the   |      |
| APITAL BUDGE  What Is your agency's total capital be a. Capital Budget Next 5  b. Capital Budget for FY  Please estimate the percentage of yources:  General Fund / Appropriations  Bonds and Taxes - Voter Approved  Bonds and Taxes - Non Voter Approved  Private Capital Grants or Donations to Capital Grants from Public Agency  | ET  oudget for the next 5 5-Years  2023   your agency's current  oved | \$    | 744850<br>115672 | 2000.00 | 0      |           | s by the % |      |

| naintenance of your agency's infrastructure (e.g., roads, buildings, playground your agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  9. Additional Comments for this section:  9. Please enter the number of funded employees at your agency.  a. Number of full-time employees  #  b. Number of non-full-time employees  #  c. Hours worked annually by non-full-time employees  #  d. Total number of full-time equivalent employees (FTEs)  #  21. What percentage of your total full-time FTEs are involved in the following descessary)   |                  |               |           |
|---|------------------|---------------|-----------|
| 5b. Of the improvement dollars reported in Q15, please estimate the percent Renovation  New  TOTAL (percentages must add to 100%)  5c. Of the improvement dollars reported in Q15, please estimate the percent Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your againtenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  10. Please enter the number of funded employees at your agency.  a. Number of full-time employees  ###   b. Number of non-full-time employees  ####   d. Total number of full-time equivalent employees (FTEs)  ####################################                                |                  |               |           |
| Renovation  New  TOTAL (percentages must add to 100%)  5c. Of the improvement dollars reported in Q15, please estimate the percent Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your agnaintenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  0. Please enter the number of funded employees at your agency.  a. Number of full-time employees ② #  b. Number of non-full-time employees ② #  c. Hours worked annually by non-full-time employees ② #  d. Total number of full-time equivalent employees (FTEs) #  11. What percentage of your total full-time FTEs are involved in the following decessary) |                  |               |           |
| TOTAL (percentages must add to 100%)  5c. Of the improvement dollars reported in Q15, please estimate the percent Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your againtenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  0. Please enter the number of funded employees at your agency.  a. Number of full-time employees • #  b. Number of non-full-time employees • #  c. Hours worked annually by non-full-time employees • #  d. Total number of full-time equivalent employees (FTEs) #  | tage split betwo | een renovatio | ons vs. n |
| TOTAL (percentages must add to 100%)  5c. Of the Improvement dollars reported in Q15, please estimate the percent Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your agnaintenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  10. Please enter the number of funded employees at your agency.  a. Number of non-full-time employees  #  b. Number of non-full-time employees  #  c. Hours worked annually by non-full-time employees  #  d. Total number of full-time equivalent employees (FTES)  #  | 80.00            | %             |           |
| 5c. Of the improvement dollars reported in Q15, please estimate the percent Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your agninitenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  §  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  20. Please enter the number of funded employees at your agency.  a. Number of full-time employees • #  b. Number of non-full-time employees • #  c. Hours worked annually by non-full-time employees • #  d. Total number of full-time equivalent employees (FTEs) #  21. What percentage of your total full-time FTEs are involved in the following decessary)  | 20.00            | %             |           |
| Buildings  Parks  TOTAL (percentages must add to 100%)  6. Please estimate the dollar value of deferred maintenance projects your againstenance of your agency's infrastructure (e.g., roads, buildings, playground our agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  PERSONNEL  10. Please enter the number of funded employees at your agency.  a. Number of full-time employees  #  b. Number of non-full-time employees  #  c. Hours worked annually by non-full-time employees  #  d. Total number of full-time equivalent employees (FTEs)  #  11. What percentage of your total full-time FTEs are involved in the following decessary)   | 100%             |               |           |
| TOTAL (percentages must add to 100%)  16. Please estimate the dollar value of deferred maintenance projects your againtenance of your agency's infrastructure (e.g., roads, buildings, playground 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  #  b. Number of non-full-time employees  #  c. Hours worked annually by non-full-time employees  #  d. Total number of full-time equivalent employees (FTEs)  #  21. What percentage of your total full-time FTEs are involved in the following decessary)  | tage split betwe | een buildings | vs. park  |
| TOTAL (percentages must add to 100%)  16. Please estimate the dollar value of deferred maintenance projects your agnaintenance of your agency's infrastructure (e.g., roads, buildings, playground 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 non-full-time employees at your agency.  b. Number of non-full-time employees at your agency.  c. Hours worked annually by non-full-time employees at your agency.  d. Total number of full-time equivalent employees (FTEs)  d. What percentage of your total full-time FTEs are involved in the following decessary)  |                  | %             |           |
| 16. Please estimate the dollar value of deferred maintenance projects your agmaintenance of your agency's infrastructure (e.g., roads, buildings, playground 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 at your agency.  b. Number of non-full-time employees at your agency.  c. Hours worked annually by non-full-time employees at your agency.  d. Total number of full-time equivalent employees (FTEs)  #  21. What percentage of your total full-time FTEs are involved in the following onecessary)  |                  | %             |           |
| naintenance of your agency's infrastructure (e.g., roads, buildings, playground your agency does not currently have any deferred maintenance projects.  7. How do you define or estimate deferred maintenance?  8. Other sources of capital funds (please describe):  9. Additional Comments for this section:  9. Additional Comments for this section:  9. Please enter the number of funded employees at your agency.  a. Number of full-time employees  #  b. Number of non-full-time employees  #  c. Hours worked annually by non-full-time employees  #  d. Total number of full-time equivalent employees (FTEs)  #  21. What percentage of your total full-time FTEs are involved in the following descessary)   | 100%             |               |           |
| PERSONNEL  20. Please enter the number of funded employees at your agency.  a. Number of full-time employees ?  b. Number of non-full-time employees ?  c. Hours worked annually by non-full-time employees ?  d. Total number of full-time equivalent employees (FTEs)  21. What percentage of your total full-time FTEs are involved in the following onecessary)   |                  |               |           |
| a. Number of full-time employees ②  b. Number of non-full-time employees ②  #  c. Hours worked annually by non-full-time employees ②  #  d. Total number of full-time equivalent employees (FTEs) ②  #  21. What percentage of your total full-time FTEs are involved in the following onecessary)  |                  |               |           |
| b. Number of non-full-time employees ? #  c. Hours worked annually by non-full-time employees ? #  d. Total number of full-time equivalent employees (FTEs) #  21. What percentage of your total full-time FTEs are involved in the following onecessary)   |                  |               |           |
| c. Hours worked annually by non-full-time employees ? #  d. Total number of full-time equivalent employees (FTEs) #  21. What percentage of your total full-time FTEs are involved in the following onecessary)   | 256.00           |               |           |
| d. Total number of full-time equivalent employees (FTEs) #  21. What percentage of your total full-time FTEs are involved in the following onecessary)  | 1350.00          |               |           |
| 21. What percentage of your total full-time FTEs are involved in the following onecessary)  | 175377.00        |               |           |
| necessary)  | 265.00           |               |           |
| a. Administration ?   | operational are  | eas? (estimat | e if      |
| a. Auministration 📆   | 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%)                          |              | 1009                 | %              |            |
| 22. Please estimate the number of volunteers and the numb     | er of hours  | worked by the volu   | ınteers at you | r agency i |
| a. Number of volunteers                                       | #            | 4175.00              |                |            |
| b. Total <u>annual</u> hours worked by all volunteers         | #            | 121484.00            |                |            |
| 23. Are at least some percentage of your agency's staff cover | ered by coll | ective bargaining (i | .e., are union | members)   |
| Yes No  |              |                      |                |            |
| Yes   |              |                      |                |            |
| <ul><li>Yes</li><li>No</li></ul>                              |              |                      |                |            |

## 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)?  |
| I. 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?   |
|  |

| operating budget the funding for planning and development functions?  |                    |
|---|--------------------|
| ntain, or contract marinas?   |                    |
| nanage beaches (inclusive of all waterbody types)?  |                    |
| nments for this section:  |                    |
| eing collected below is critical to most of the management ratios. NRPA recognition collect this data as part of their reporting process. If you do not know the admated responses. In future years you can collect the actual data and enter it at   | ctual numbers,     |
| vidual parks or non-park sites does your department / agency maintain and/or l  | have manageme      |
| otal Number of Parks # 50.00  |                    |
| Total Park Acres # 18000.00   |                    |
| otal Number of Non-Park Sites # 0.00  |                    |
| Total Acres of Non-Park Sites # 0.00  |                    |
| e the number of acres of developed and undeveloped open space for which you consibility over or maintains.  igned / Developed # 3000.00   | ur department h    |
| ural / Undeveloped ? # 15000.00   |                    |
| er (Please describe) #  |                    |
| e the total number of trail miles managed or maintained by your agency. ②   |                    |
| The rot buildings and the square footage of the buildings operated by your ager $\#$ 100.00   | ncy?               |
| quare footage of operated buildings # 1000000.00  |                    |
| e the number of programs your agency offers annually and how many people (i.  | i.e., contacts) ar |
| al number of programs offered ? # 519.00  |                    |
| nber of fee-based programs ? # 278.00   |                    |
| al program contacts (estimate as necessary) ? # 200.00  |                    |
| e the number of contacts (e.g. participants, users) of your agency's parks and f  | facilities per yea |
| mber of buildings and the square footage of the buildings operated by your ager umber of operated buildings  # 100.00  quare footage of operated buildings  # 1000000.00  the the number of programs your agency offers annually and how many people (i. ograms.)  all number of programs offered  # 519.00  mber of fee-based programs  # 278.00  # 278.00 | i.e., cont         |

| b. Total park facility contacts ?  | #          | 270000     | 00.00  | )      |           |
|--|------------|------------|--------|--------|-----------|
| c. Total facilities and parks contacts ?   | #          | 300000     | 00.00  | )      |           |
| 3. Additional Comments for this section:   |            |            |        |        |           |
|  |            |            |        |        |           |
|  |            |            |        |        |           |
| FACILITIES PACILITIES  |            |            |        |        |           |
| 34. How many of each following facilities / amenities does your please note: while there may be some overlap in some of the nind the primary purpose or intent of the facility when counting           | e faciliti | es / ame   | enitie |        | •         |
| a. Recreation centers (including gyms) ?   | ng in oi   | der to iii | #      | 5.00   | inting. ) |
| 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 😯  |            |            | #      | 210.00 |           |
| k. Facilities with restrooms available free of use to included above ?   | o public   | c, not     | #      | 0.00   |           |
| 35. <b>How many of the following facilities / amenities does you</b><br>Please note: while there may be some overlap in some of the<br>he primary purpose or intent of the facility when counting in o | e faciliti | es/amer    |        |        |           |
| a. Playgrounds or play structures 😯  |            |            | #      | 25.00  |           |
| Of the playgrounds or play structures reported how many  | d above    | е,         |        |        |           |
| 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. (out  | door)      |            | #      | 4.00   |           |

4.00

#

| d. Pickleball (indoor) 🔞  |         |           | #          | 0.0                  | 0       |
|---|---------|-----------|------------|----------------------|---------|
| c. Pickleball (outdoor) 😯   |         |           | #          | 4.0                  | 0       |
| b. Tennis courts (indoor) 😯   |         |           | #          | 0.0                  | 0       |
| w many of the following racquet sports facilities of a. Tennis courts (outdoor) ? | does    | your ager | ncy h<br># | 1 <b>ave?</b><br>5.0 |         |
|   |         |           |            |                      |         |
| f. Waterpark  |         |           |            | #                    | 0.00    |
| e. Therapeutic pool ?   |         |           |            | #                    | 0.00    |
| d. Indoor pool designated exclusively for leisure (i.e. non-                      |         |           | #          | 0.00                 |         |
| c. Total indoor competitive swimming pools  | 8       |           |            | #                    | 0.00    |
| b. Swimming pools (outdoor only)  |         |           |            | #                    | 5.00    |
| many of the following swimming / aquatics fac<br>a. Aquatics centers              | mues    | uues yol  | ur ag      | ency<br>#            | 5.00    |
| many of the following owimming / ogustice for                                     | ili+ioo | door ve   | ır oc      | iona:                | r have? |
| d. Disc golf courses  | #       | 0.00      |            |                      |         |
| c. 9-hole courses 😯   | #       | 0.00      |            |                      |         |
| b. 18-hole courses 😯  | # 6.00  |           |            |                      |         |
| a. Driving range stations ?  # 100.00   |         |           |            |                      |         |
| many of the following golf facilities does your s                                 | ngeno   | vy hava?  |            |                      |         |
| q. Fitness zones / exercise stations (Outdoo                                      | r)      |           |            | #                    | 5.00    |
| p. Splashpads, spraygrounds or spray showe  | ers     |           |            | #                    | 2.00    |
| o. Walking loops / running tracks (indoor)  |         |           | #          | 0.00                 |         |
| n. Walking loops / running tracks (outdoor)                                       |         |           |            | #                    | 12.00   |
| m. Overlay field  |         |           | #          | 0.00                 |         |
| Of the rectangular fields, how many are   | synth   | etic?     |            | #                    | 4.00    |
| I. Rectangular fields: total  |         |           |            | #                    | 10.00   |
| k. Ice rink (outdoor only)  |         |           |            | #                    | 0.00    |
| j. Dog park 😯   |         |           | #          | 0.00                 |         |
| i. Skateboard Parks   |         |           | #          | 1.00                 |         |
| h. Diamond fields: total  |         |           | #          | 11.00                |         |
| g. Volleyball, standalone (outdoor)   |         |           | #          | 10.00                |         |
| f. Multiuse courts -basketball, volleyball, etc. (indoor)                         |         |           | #          | 0.00                 |         |

| e. Multiuse courts- Tennis, Pickleball (outdoor) 😯                 | #        | 6.00 |
|--|----------|------|
| f. Multiuse courts- Tennis, Pickleball (indoor) ?                  | #        | 0.00 |
| g. Racquetball / handball / squash courts (outdoor) 😯              | #        | 0.00 |
| h. Racquetball / handball / squash courts (indoor) 🕄               | #        | 0.00 |
|  |          |      |
| 9. Additional Comments for this section:                           |          |      |
|  |          |      |
|  |          |      |
|  |          |      |
| <u>ACTIVITIES</u>  |          |      |
| 10. Does your agency offer activities in the following categories? |          |      |
| a. Health and wellness education 3                                 |          |      |
| ☑ b. Safety training ②   |          |      |
| c. Fitness enhancement classes ?                                   |          |      |
| ☑ d. Team sports ②   |          |      |
| e. Individual sports 😯   |          |      |
| ☑ f. Running / cycling races 3                                     |          |      |
| ☑ g. Racquet sports ②  |          |      |
| ■ h. Martial arts 😯  |          |      |
| ☑ i. Aquatics 3  |          |      |
| ☑ j. Golf 😯  |          |      |
| k. Social recreation events 3                                      |          |      |
| ☑ I. Cultural crafts ②   |          |      |
| ☑ m. Performing arts 😯   |          |      |
| 🗸 n. Visual arts 😯   |          |      |
| o. Natural and cultural history activities 😯                       |          |      |
| ☑ p. Themed special events 😯                                       |          |      |
| q. Trips and tours 😯   |          |      |
| r. eSports / eGaming   |          |      |
| 11. Does your agency offer the following Out of School Time (OST)  | activiti | es?  |
|  | Yes      | O No |
| b. Before school programs ?  | Yes      | No   |
| c. After school programs   | Yes      | O No |
| d. Preschool   | Yes      | O No |
| e. Full daycare ?  | Yes      | No   |
| f. Specific teen programs ?  | Yes      | O No |
| g. Specific senior programs  | Yes      | O No |
| h. Programs for people with disabilities                           | Yes      | ○ No |
| i. STEM programs   | Yes      | ○ No |
|  |          |      |

| 43. Does your agency:   | Yes, at all | Yes, at select |    |     |
|---|-------------|----------------|----|-----|
| a. Have a policy barring the use of all tobacco products in its parks and at its facilities and grounds?                                      | locations   | locations      | No | N/A |
| b. Have a policy that allows the consumption of alcohol by legalaged adults on its premises?  |             | 0              |    |     |
| c. Sell alcoholic beverages to legal-aged adults on its premises (sold either by the agency or by a concessionaire authorized by the agency)? | 0           |                | 0  | 0   |
| d. Provide healthy food options in its vending machines?  | $\circ$     |                |    |     |
| e. Provide healthy food options at its concession stands?   | 0           |                |    |     |
| f. Charge a parking fee at its parks or facilities?   | 0           |                |    |     |
| g. Charge an admission fee to enter its parks?  |             |                |    |     |
| h. Have an expressed commitment to diversity, equity and inclusion (DEI) in vision, mission and/or strategic plan documents?                  |             | 0              |    |     |
| i. Have hiring practices and policies that promote a diverse agency workforce?  |             | 0              |    |     |

42. Additional Comments for this section:

If you have any questions, please contact **Greg Manns** of Industry Insights or **Melissa May** of NRPA.

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