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APPENDIX A

Indiana Department of Natural Resources Outdoor Recreation Participation Survey

Are you: ___ Male ___ Female

In which category is your age? Under 10___ 11-14___ 15-19___ 20-24___ 25-29___ 30-34___ 35-39___ 40-44___ 45-49___ 50-54___ 55-59___ 60-64___ 65-69___ 70-74___ 75-70___ 80-84___ 85 & over___

In which Indiana county do you live? _____ Do not live in Indiana ____

On average, how many times do YOU & ANY OTHER MEMBERS OF YOUR IMMEDIATE HOUSEHOLD participate in the following outdoor activities? PLEASE PROVIDE AN ANSWER FOR EACH CATEGORY & INCLUDE YOUR ENTIRE HOUSEHOLD.

	More than once a week	Once a week	Twice a month	Once a month	Couple of times per year	Once a year	Never
Walking, jogging, running, hiking							
Bicycling (road, touring, casual, etc.)							
Mountain biking (natural surface trail)							
Outdoor pool swimming							
Splash Pad/Spray Pad							
Swimming/scuba diving/snorkeling (lakes/ponds/rivers/etc.)							
Family/friends/group outdoor gatherings/ reunions							
Picnicking							
Playground use							
Fall foliage viewing							
Gardening/landscaping							
Gathering (berries, mushrooms, etc.)							
Relaxation/spiritual renewal							
Health related activities (Yoga, Tai Chi, Pilates, etc.)							
Bird/wildlife watching							
Outdoor photography							
Attending outdoor spectator sports (baseball, football, soccer, etc.)							
Playing baseball/softball							
Playing basketball							
Playing football (include touch/flag football)							
Playing regular golf/driving range							
Playing disc golf							
Playing soccer							
Playing tennis							
Playing Pickleball							

	More than once a week	Once a week	Twice a month	Once a month	Couple of times per year	Once a year	Never
Rollerblading/roller skating							
Archery							
Playing horseshoes							
Lawn games (badminton, lawn bowling, Bocce Ball, etc.)							
Skate park: Skateboarding/BMX bike (freestyle/trick)							
4-wheeling: ATVs, Jeeps, motocross, 4x4 truck/car, etc.							
(off-road & on trail)							
Horseback riding (all types)							
Fishing (all types)							
Sport shooting (all types shotgun, rifle, pistol, etc.)							
Hunting/trapping (all types)							
Camping (all types)							
Canoeing/kayaking/rowing (boat) water paddle sports							
Sailing/windsurfing							
Power boating/waterskiing (all types)							
Winter sports (all skiing/snowboarding, sledding/ ice skating, outdoor hockey)							
Snowmobiling							
Attending outdoor fairs/festivals							
Attending outdoor concerts, plays, etc.							
Visiting historic sites/interpretive centers/ archeological sites/etc.							
Visiting parks, wilderness or primitive areas							
Visiting farms, wineries, agricultural venues, etc.							
Geo-caching/Orienteering							

What would you say is your FAVORITE outdoor recreation activity? Can be anything from boating, golfing, picnicking, camping, etc.

_____

In which county in INDIANA do you MOST OFTEN participate in outdoor recreation activities?

_____ Outside Indiana ____

Now think of the ONE outdoor activity that you participate in the MOST. How do you PRIMARILY travel to that outdoor recreational destination?

___ Walk/jog/run ___ Car/truck ___ Scooter ___ Other
___ Bike ___ Motorcycle ___ Horseback

Approximately how much money are you willing to spend per year on YOUR FAVORITE outdoor recreation activity? (Include cost of equipment, training, travel, etc.)

___ Less than $100 ___ $501-$750 ___ $1501-$2000 ___ $5001-$7500
___ $101-$250 ___ $751-$1000 ___ $2001-$3000 ___ $7501-$10000
___ $251-$500 ___ $1001-$1500 ___ $3001-$5000 ___ More than $10000

After first pursuing all possible Federal funds, grants & donations, which do you feel should be the OTHER PRIMARY SOURCES FOR FUNDING for the DEVELOPMENT of new outdoor recreation facilities? (SELECT ONLY ONE)

___ State general taxes ___ Local bond issue
___ State tax on recreation equipment ___ Facility use fee
___ Land development fees/requirements ___ Other
___ Local taxes (county/city) ___ None

After first pursuing all possible Federal funds, grants & donations, which do you feel should be the OTHER PRIMARY SOURCES FOR FUNDING for the OPERATIONS/MAINTENANCE of existing outdoor recreation facilities? (SELECT ONLY ONE)

___ State general taxes ___ Local taxes (county/city)
___ State tax on recreation equipment ___ Other
___ Facility use fee ___ None

Approximately how far are you willing to travel (ONE WAY) to participate in your FAVORITE outdoor recreation activity?

___ 0-5 miles ___ 16-25 miles ___ 51-75 miles
___ 6-10 miles ___ 26-35 miles ___ 76-100 miles
___ 11-15 miles ___ 36-50 miles ___ More than 100 miles

Which ONE of the following BEST describes the MAIN reason you do not participate in outdoor recreation MORE OFTEN. Please read ALL the answers and select only ONE.

___ None-I participate as much as I want to
___ There are no outdoor recreation facilities close to my home
___ Customs/cultural barriers (family traditions, race or ethnic expectations, beliefs, etc.)
___ Structural barriers (poor setting/physical environment, lack of facilities or programs, transportation, safety, etc.)
___ Cost barriers (lack of money/economic factors)
___ Social barriers (no one to participate with, family conflicts, responsibility to others, etc.)
___ Personal barriers (no time, no motivation, lack of skills, physical/mental/emotional health, ability level, etc.)
___ Disability-related access prevents me from participating as much as I would like

Do you or any of your immediate family members have any type of physical or intellectual disability that prevents you/them from participating in outdoor recreation activities?

___ Yes___ No

If "YES" to the previous question, what type of disability do you/they have? (Select all that apply)

___ Walking ___ Hearing ___ Lifting ___ Other
___ Seeing ___ Breathing ___ Bending

What is the MAIN reason you participate or would participate in outdoor recreation?
PLEASE READ ALL THE ANSWERS AND SELECT ONLY THE MAIN ONE.

___ Mental Health (relaxation, stress reduction, meditation, spiritual renewal, etc.)
___ Physical health
___ To be with family/friends
___ Volunteerism
___ Educational opportunities
___ Tourism
___ Other

And finally, tell us about your immediate family:

What is your current marital status?

___ Married ___ Single-widowed ___ Single-separated ___ Other
___ Single-never married ___ Single-divorced ___ Committed partnership

Which of the following do you consider yourself to be?

___ White, non Hispanic ___ Asian
___ Black/African American ___ Native Hawaiian/Pacific Islander
___ Hispanic/Latino ___ Multi-racial
___ American Indian/Alaska Native ___ Other

How many family members live in your immediate household?

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 or more

What are the ages of those living in your household that are under 18 years of age?

_____

APPENDIX B

2025 Indiana State Trails Plan Survey

Thank you for participating in the 2025 Indiana State Trails Plan survey. Your feedback is invaluable as we work to shape the future of our state's trail infrastructure. This survey aims to gather your insights on statewide priorities for trail development, identify current funding sources, and understand your highest priorities for trail enhancement. The DNR's goal is to hear from trail managers, trail groups, and local government officials who play a role in trail development in their region. By ranking and providing your thoughts on various aspects, you'll help us better address community needs, improve connectivity, and ensure that our trail systems are effectively funded and developed. We appreciate your time and input in helping us build a more connected and accessible trail network for everyone.

1.How would you categorize your organization or affiliation?

☐ Local Unit of Government (City, Town, County)
☐ Nonprofit / Trail Group
☐ [Other]

2.Organization Name?

3.Which statewide priority should the State have for all trails? PLEASE RANK your answers from highest (most important) to lowest (least important), with 1 being the highest.

_____Push the overall state trails system (large projects, with regional scale)
_____Push local trail access (build more new, stand-alone small bits of local trail)
_____Push small-scale / local trail connectivity (connect bits of local trails together)

4.What are the funding sources you are CURRENTLY using for your trail system?

☐ Federal grants (RAISE; CMAQ; Transportation Alternatives; Etc.)
☐ State Grants (NLT, ITP, Harrison Trust, READI)
☐ Existing budgets/local money
☐ Private funding (Private foundations; Corporate funding; Etc.)
☐ Local level fundraising (Sponsorships; Naming rights; Individual donations; Individual Philanthropy)

5. Of the sources listed in question 4, which funding source has provided the most funds to develop your trail system?

☐ Federal grants (RAISE; CMAQ; Transportation Alternatives; Etc.)
☐ State Grants (NLT, ITP, Harrison Trust, READI)
☐ Existing budgets/local money
☐ Private funding (Private foundations; Corporate funding; Etc.)
☐ Local level fundraising (Sponsorships; Naming rights; Individual donations; Individual Philanthropy)

6. For your trail system; what are your highest priorities for trail development? PLEASE RANK your answers from highest (most important) to lowest (least important), with 1 being the highest.

☐ Connecting to INTERNAL community destinations (such as: schools, libraries, parks, etc.)
☐ Adding mileage to existing trails in your system for recreation
☐ Connecting to other trails outside your trail system or connecting to destinations OUTSIDE your community (such as: state parks, historical/cultural destinations, bigger cities, etc.)
☐ Networking your trail system to prioritize and improve routes for transportation and commuting purposes

7. In your opinion, how important is trail connectivity for the following:
(PLEASE RANK your answers from highest (most important) to lowest (least important), with 1 being the highest)

☐ Community economic development (such as: property values, tourism, business development)
☐ Personal health and wellness (for individual people)
☐ Environmental quality and sustainability
☐ Transportation and commuting corridors
☐ Community quality of life (such as: resident recruitment and retention, recreation opportunities, place-making)

8. How should state funding be allocated between trail rehabilitation/resurfacing projects and new trail construction? Please specify the percentage of the total budget you believe should be dedicated to each category
☐ 0% for trail rehabilitation/resurfacing and 100% for new trail construction
☐ 1-25% for trail rehabilitation/resurfacing and 75-99% for new trail construction
☐ 26-50% for trail rehabilitation/resurfacing and 50-74% for new trail construction
☐ 51-75% for trail rehabilitation/resurfacing and 25-49% for new trail construction
☐ 76-100% for trail rehabilitation/resurfacing and 0-24% for new trail construction

9. In the past 5 years, what challenges and problems is your trail system struggling with?
(Open-ended question; please list any challenges in any order)

APPENDIX C

Indiana Department of Natural Resources Trail Activity/Trail User Participation Survey

For purposes of this survey, trail activity is defined as any activity that you participate in that takes place on a linear corridor. Examples are walking or biking on a designated park trail system, off highway vehicle riding (4x4s, ATVs, dirt bikes, etc.) on designated properties and/or trails, in-line skating on a community trail or trail system, or canoeing/kayaking on a stream or water trail system.

IN INDIANA ONLY, during the past 12 months, how often did you participate in the following trail activities?

	More than once a week	Once a week	Twice a month	At least 1 time/ month	At least 6 times per year	Once a year	Never
Using Trails For Alternative Transportation Routes							
Walking/Running/Jogging							
Hiking/Backpacking							
Bicycle Touring (Casual, Tour Or Both)							
Mountain Bike Riding							
In-Line Skating							
Cross Country Skiing							
Snowmobiling							
Off –Road Vehicle Riding (Motorcycle, 4-Wheel, Atv, Etc.)							
Canoeing/Kayaking On Water Trails Or Blueways							
Horseback Riding							

Which of the following would you like to participate in AT LEAST 12 TIMES PER YEAR IN THE FUTURE? Select all that apply.

☐ Using trails for alternative transportation routes
☐ Walking/running/jogging
☐ Hiking/backpacking
☐ Bicycle touring (casual, tour or both)
☐ Cross country skiing
☐ Snowmobiling
☐ Off- road vehicle riding (motorcycle, 4-wheel, ATV,etc.)
☐ Canoeing/kayaking on water trails or blueways
☐ Mountain bike riding
☐ Horseback riding
☐ In-line skating
☐ None of these

Please indicate your TOP 3 reasons for using trails.

___ Pleasure, relaxation, recreation, scenery
___ Health-physical training
___ Family or social outing(s)
___ Safety – staying off roadways
___ Commuting or travel
___ Educational opportunities, natural environment
___ Associated with volunteer opportunities (trail clean-up/maintenance, identifying trail problems, etc.)
___ Other

Please indicate the TOP 3 ways you find out about trail opportunities.

___ Trail websites
___ Tourism websites
___ Trail provider booklets/brochures
___ Local tourism/community media (radio, television, etc.)
___ Tourism/national media (radio, television, books, magazines, etc.)
___ Organizational presentations (schools, Rotary, scouts, etc.)
___ Special events (fairs, festivals, etc.)
___ Word of mouth
___ Signage at parks or other recreational facilities
___ Other
___ None

What is your PREFERRED trail surface? Please read ALL the answers & select ONLY ONE.

☐ Native soil (dirt)
☐ Gravel
☐ Water
☐ Asphalt/Concrete
☐ Compacted limestone screenings
☐ Wood chips
☐ Other
☐ No preference

Considering the trail activities that you participate in, what is the top annual amount you would be willing to spend to participate in those activities? (Include cost of equipment, training, travel, etc.)

☐ Less than $100
☐ $100-$500
☐ $501-$1,000
☐ $1,501-$5,000
☐ $1,001-$1,500
☐ $5,001-$10,000
☐ More than $10,000
☐ Do not participate

Considering the trail activities that you participate in, how far (ONE WAY) would you be willing to travel, in INDIANA, to participate in these activities?

☐ 0-5 miles
☐ 6-10 miles
☐ 11-15 miles
☐ 16-25 miles
☐ 26-35 miles
☐ 36-50 miles
☐ 51-75 miles
☐ 76-100 miles
☐ More than 100 miles

To better indicate Indiana's area of need, in which Indiana county do you MOST OFTEN participate in trail activity? _____

Is there a trail within 5 miles or 10 minutes of your home?

☐ Yes
☐ No
☐ Don't know

The following 2 questions deal with trail connectivity. By this we mean a system of trails that connect to points of interest, such as businesses, neighborhoods, schools, recreation area and/or other trails.

Do you believe connecting trails should be an important part of your community's infrastructure?

☐ Strongly agree
☐ Somewhat agree
☐ Somewhat disagree
☐ Strongly disagree
☐ No opinion

How important do you believe trail connectivity is for:

	Extremely	Somewhat	Not very	Not at all	No opinion
Your communities economic development:					
Personal health and wellness:					
Community health and wellness:					
Environmental health and sustainability:					
Alternative transportation corridors:					

What are the MAIN reasons you DO NOT participate in trail activities as much as you would like? Select all that apply.

☐ None-I do not use trails
☐ None – I participate as much as I want to
☐ There are no trails close to my home
☐ Customs/cultural barriers (family traditions, race or ethnic expectations, beliefs, etc.)
☐ Structural barriers (poor setting/physical environment: lack of facilities or programs, transportation, safety,etc.)
☐ Cost barriers (lack of money/economic factors)
☐ Social barriers (no one to participate with, family conflicts, responsibility to others, etc.)
☐ Personal barriers (no time, no motivation, lack of skills, physical/mental/emotional health, ability level, etc.)
☐ Disability-related trail access prevents me from participating as much as I would like

Please indicate if your trail activity is limited by any of the following health factors. (Select all that apply)

☐ Walking
☐ Hearing
☐ Physical ability to ride a bike
☐ Physical ability to ride a motorized off road vehicle
☐ Seeing
☐ Breathing
☐ Physical ability to ride a horse
☐ Physical ability to use a canoe/kayak
☐ Other

What trail improvements could be made to increase your use of trails? (Select all that apply)

☐ Better surface
☐ Easier slopes
☐ Other
☐ Guided trail activity
☐ Increased personal safety measures
☐ Improved visibility
☐ Walking, biking or riding clubs
☐ None

For each of the following, how well does the CURRENT supply of trails, in Indiana, meet your needs?

	Supply is more than enough	Supply is just right	Supply is OK for now but needs to be increased in the future	Supply does not meet my needs	Uncertain, don't know current supply	Don't use
Using trails for alternative transportation routes						
Walking/running/jogging						
Hiking/backpacking						
Bicycle touring (casual, tour or both)						
Mountain bike riding						
In-line skating						
Cross country skiing						
Snowmobiling						
Off-road vehicle riding (motorcycle, 4-wheel, ATV, etc.)						
Canoeing/kayaking on water trails or blueways						
Horseback riding						

After first pursuing all possible Federal funds, grants & donations, which do you feel should be the OTHER PRIMARY SOURCE FOR FUNDING for the DEVELOPMENT of new trails? (Select Only One)

- ☐ State General taxes
- ☐ State Tax on recreation equipment
- ☐ Land development set-asides
- ☐ Local Bond issue
- ☐ Local Taxes
- ☐ Trail use fee
- ☐ Other
- ☐ None

After first pursuing all possible Federal funds, grants & donations, which do you feel should be the OTHER PRIMARY SOURCE FOR FUNDING for the OPERATIONS/MAINTENANCE of existing trails? (Select Only One)

- ☐ State General taxes
- ☐ State Tax on recreation equipment
- ☐ Local Taxes
- ☐ Trail use fee
- ☐ Other
- ☐ None

If the money was spent in your local area to help support TRAIL UPKEEP AND NEW TRAIL DEVELOPMENT, how much would you be willing to pay for an ANNUAL TRAIL FEE?

- ☐ Less than $5
- ☐ $5.00 to $9.99
- ☐ $10.00 to $14.99
- ☐ $15.00 to $19.99
- ☐ $20.00 or more

And finally, tell us about yourself:

Are you ... ___ Male ___ Female

What is your age? _____

In which Indiana county do you live? _____ **Do not live in Indiana** ____

Which of the following do you consider yourself to be?

___ White, non Hispanic
___ Black/African American
___ Hispanic/Latino
___ American Indian/Alaska Native
___ Asian
___ Native Hawaiian/Pacific Islander
___ Multi-racial
___ Other

APPENDIX D

Local Recreation Providers Survey – Ball State University

What zip codes represent the community served by your local parks and recreation system? Please note if your services reach statewide. _____

What is the ZIP code of your park and recreation system?_____

Which of the following best describes your role in local parks and recreation provision?

☐ Employee of County Parks and Recreation Department
☐ Employee of Township Parks and Recreation Department
☐ Employee of Municipal Parks and Recreation Department
☐ Affiliated with a Trail Department
☐ Other unit of local government (Street Department, 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)
☐ Other_____

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

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

☐ Parks and Recreation Department
☐ Park Board (or Parks 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: _____

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): _____

What is the population of your service area?

☐ 4,999 or less
☐ 5,000 to 9,999
☐ 10,000 to 49,999
☐ 50,000 to 149,000
☐ 150,000 or more
☐ Not Applicable

How many people, on average, do your facilities serve annually?

☐ Fewer than 100
☐ 100 to 499
☐ 500 to 999
☐ 1,000 to 1,499
☐ 1,500 to 1,999
☐ Greater than 2,000
☐ Not Applicable

What are the approximate total number of acres managed under the local park system? _____acres

Of the following amenities, how many acres are used for recreation?

	Number of Acres
Forest	
Water bodies (e.g., ponds, lakes, wetlands)	
Open green space	
Other:	

How many miles of each are present in your service area?

	Length in Miles
Walking/Hiking Trails (paved)	
Walking/Hiking Trails (unpaved)	
Bicycle Trails	
Motorized Trails	
River Trails/ Greenway	
Equestrian Trails	
Other (please specify)	

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

	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		

What was the 2021 budget for your agency?_____

What was the total revenue earned by the local parks and recreation system in 2021?_____

Has your legally appropriated budget increased or decreased since the 2020 fiscal year? _____

Do you dedicate any percentage of your budget to ADA compliance?

☐ Yes. If yes, what percentage?_____
☐ No

What measures, in the last five years, have you taken to achieve ADA compliance (if any)?

_____

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

☐ <1%
☐ 1% - 2%
☐ 2% - 5%
☐ >5%

How do you use non-reverting funds?

_____

Please rank how money is allocated within your service area:

_____ Personnel
_____ Land Management
_____ Expansion
_____ Environmental Education
_____ Promotion of Parks and Recreation
_____ Parks and Recreation Activities

Please complete the following table about your local park system regarding facilities and services:

	Do you currently have this facility in the local park system?		**Do you regularly provide programs with this facility?**		**Would you be willing to provide this service if it is not already present?**	
	Yes	No	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/ Splash Pad						
Other:_____						

Please complete the following table about your local park system in regarding trails:

	Do you currently have this facility in the local park system?		Do you regularly provide programs with this facility?		Would you be willing to provide this service if it is not already present?	
	Yes	No	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 Trail:_____						

In the past year, what are the operation and maintenance costs for the following parks and recreation facilities in your park system?

	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/ Splash Pad		
Other:_____		

In the last year, what are the operation and maintenance costs for the following facilities regarding trail systems?

	Annual Operation Cost	Annual Maintenance Cost
Multi Use Trail (bike/pedestrian & equine)		
Multi Use Trail (OHV, bike/pedestrian & equine)		
Nature/Interpretive Trail		
Connector Trails to Existing Trails		
Single Use Trail		
ADA-compliant Accessible Trail		
Water Trails		
Greenway or other Paved Trail		
Other:_____		

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

	Percent of Budget
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)	

Please give examples of maintenance projects, schedules, etc. that you use:

_____

_____

_____

_____

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

	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			

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

	Funding sources tried/ used	Funding sources planned (future)	Not used or planned
Used/Increased Volunteers			
Worked with Friends Of Parks Groups			
Worked with Community Centers			
Worked with Youth Sports Leagues			
Partnering with Other Government Agencies			
Partnering with Local Education Programs			
Partnering with Local for Profit Agencies			
Local Business Donations of People/Staff Time			
Local Business Donations of Equipment			
Local Non-Profit Organizations			
Other			

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

	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			
Conservation easement with other landowners			
Cooperation with private landowners			
Indiana Department of Natural Resources Grant programs (other than LWCF)			
Other			

Does your local park and recreation system have a system wide master plan?

☐ Yes, it was published in the year_____
☐ No

Do you plan to develop a local parks and recreation master plan in the next 5-10 years?

☐ Yes
☐ No
☐ Undecided

Please indicate the importance you and your organization place on the following:

	No Importance	Not Very important	Neutral	Important	Critical Importance
Trail Expansion					
Trail Maintenance					
Park Expansion					
Park Maintenance					
Signage and Interpretation					
Environmental Education					
Promoting Parks and Recreation					

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.

☐ Continue
☐ Opt Out

How long have you served in your current position?_____

What is your highest level of education attained?

☐ Less than high school degree
☐ Graduated High School Diploma
☐ Some college
☐ College Graduate
☐ Graduate School

Race/Ethnicity

☐ White, Nonhispanic (1)
☐ Hispanic (2)
☐ African American (3)
☐ Asian American (4)
☐ Native American (5)
☐ Mixed Race (6)
☐ Other (7) _____

Gender

☐ Male
☐ Female
☐ Non-binary / third gender
☐ Prefer not to say

Are you person with a disability?

☐ No
☐ Yes

Age_____

How many years have you worked in the parks and recreation profession (in years)?_____

How many staff people in the parks system fall in to the following ages?

Ages	Number of People
15-20	
21-30	
31-40	
41-50	
51-60	
61-70	
71 or older	

How likely are you to participate in a survey similar to this in the future?

	1	2	3	4	5
Not very likely : Highly likely					

Please provide any additional comments you have regarding this survey and the Statewide Comprehensive Outdoor Recreation Plan (SCORP) _____
_____
_____
_____
_____
_____

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