



APPENDICES

APPENDIX A • PG.111

Outdoor Recreation Participation Survey

APPENDIX B • PG.115

2018 Indiana Trails Stakeholder Survey

APPENDIX C • PG.118

Trail Activity/Trail User Participation Survey

APPENDIX D • PG.123

Local Recreation Providers Survey

APPENDIX E • PG.134

Water Trail Survey

BIBLIOGRAPHY • PG.136

APPENDIX A

Indiana Department of Natural Resources Outdoor Recreation Participation Survey

Are you: ___ Male ___ Female What is your age? _____
 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 or Water Park							
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							
Playing Regular Golf/Driving Range							

	More than once a week	Once a week	Twice a month	Once a month	Couple of times per year	Once a year	Never
Playing Disc Golf							
Playing Soccer							
Playing Tennis							
Playing Volleyball							
Rollerblading/Roller Skating							
Archery							
Playing Horseshoes							
Lawn Games (Badminton, Lawn Bowling, Bocce Ball, etc.)							
Skateboarding/BMX Bike							
4-Wheeling: ATVs, Motocross (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 set-asides Other
 Local taxes 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
 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

2018 Indiana Trails Stakeholder Survey for the Indiana Trails Plan (2021-2025)

1. **Should the State take a stronger role in the active rail-banking of abandoned rail corridor in Indiana?**
 - a. No
 - b. Yes
 - i. If yes, what should that role be?
 1. Support local efforts
 2. Lead the way
 3. Legal assistance
 4. Funding
 5. Some combination of the above
 6. Something else? What? _____

2. **Which statewide priority should the State have for all Trails? (Select as many answers as needed).**
 - a. Push the overall state trails system (large projects, with regional scale)
 - b. Push local trail access (build more new, stand-alone small bits of local trail)
 - c. Push small-scale / local trail connectivity (connect bits of local trails together)
 - d. All the above
 - e. Something else? What? _____

3. **What are the funding sources you are CURRENTLY using for your trail system? (Select as many answers as needed. Question 1 of 2)**
 - a. Federal grants (RTP; CMAQ; Transportation Alternatives; Etc.)
 - b. State Grants (Harrison Trust; Regional Cities; IEDC funds)
 - c. Existing budgets/local money
 - d. Private funding (Private foundations; Corporate funding; Etc.)
 - e. Local level fundraising (Sponsorships; Naming rights; Individual donations; Individual Philanthropy)

4. **For the trail system funding sources you chose above, what PERCENTAGES of each source do you CURRENTLY use? (Question 2 of 2; Total of Percentages cannot exceed 100%)**
 - ___% Federal grants (RTP; CMAQ; Transportation Alternatives; Etc.)
 - ___% State Grants (Harrison Trust; Regional Cities; IEDC funds)
 - ___% Existing budgets/local money
 - ___% Private funding (Private foundations; Corporate funding; Etc.)
 - ___% Local level fundraising (Sponsorships; Naming rights; Individual donations; Individual Philanthropy)

5. **Who is your trail system currently partnering with to develop and build new trails? (Select as many answers as needed).**
- A local Parks Department
 - An local/regional Economic Development organization or Chamber of Commerce
 - A Tourism organization or Convention and Visitor's Bureau (CVB)
 - A Health or Wellness Organization (includes hospitals, clinics, local/regional health departments, medical schools, etc.)
 - A Transportation organization (can include INDOT, county highway department, municipal street department, railroad, etc.)
 - Other Trails groups or organizations
 - Related Public Lands/Conservation groups (can include Land Trusts, Land Conservancies, Nature Preserves, etc.)
 - Other
 - What other partners? _____
6. **What sort of organization or government department currently owns and operates your local trail system? (Question 1 of 2)**
- A Public Works or Streets Department
 - A Park Department
 - An independent Non-Profit Organization or Friends Group
 - A Combination of the Above groups
7. **Given your answer above, if you could change it, who would be the best/preferred group to own and operate your trails system? (Question 2 of 2)**
- A Public Works or Streets Department
 - A Park Department
 - An independent Non-Profit Organization or Friends Group
 - A Combination of the Above groups
 - No change needed

For the NEXT TWO Questions, PLEASE RANK your answers from highest (most important) to lowest (least important), with 1 being the highest:

8. **For your trail system; what are your highest priorities for trail development?**
- ___ Connecting to INTERNAL community destinations (such as: schools, libraries, parks, etc.)
 - ___ Adding mileage to existing trails in your system
 - ___ Connecting to other trails outside your trail system
 - ___ Connecting your trail system to destinations OUTSIDE your community (such as: state parks, historical/cultural destinations, bigger cities, etc.)
 - ___ Networking residential neighborhoods, business districts, etc. for better alternative transportation connectivity

9. **In your opinion, how important is trail connectivity for the following:**

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

10. **In the past 5 years, what NEW (that you haven't experienced before) challenges, problems or opportunities are your trail system struggling with? (Open-ended question; please list any new 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.

- | | |
|---|---|
| <input type="checkbox"/> Native soil | <input type="checkbox"/> Compacted limestone screenings |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Wood chips |
| <input type="checkbox"/> Water | <input type="checkbox"/> Other |
| <input type="checkbox"/> Asphalt/Concrete | <input type="checkbox"/> 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.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than \$100 | <input type="checkbox"/> \$1,501-\$5,000 | <input type="checkbox"/> More than \$10,000 |
| <input type="checkbox"/> \$100-\$500 | <input type="checkbox"/> \$1,001-\$1,500 | <input type="checkbox"/> Do not participate |
| <input type="checkbox"/> \$501-\$1,000 | <input type="checkbox"/> \$5,001-\$10,000 | |

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?

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 0-5 miles | <input type="checkbox"/> 16-25 miles | <input type="checkbox"/> 51-75 miles |
| <input type="checkbox"/> 6-10 miles | <input type="checkbox"/> 26-35 miles | <input type="checkbox"/> 76-100 miles |
| <input type="checkbox"/> 11-15 miles | <input type="checkbox"/> 36-50 miles | <input type="checkbox"/> 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

Asian

Black/African American

Native Hawaiian/Pacific Islander

Hispanic/Latino

Multi-racial

American Indian/Alaska Native

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 where you reside? _____

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 organization
- Other unit of local government (Street Department, Public Works, Public Works)
- Member of County Park Board*
- Member of Township Park Board*
- Member of Municipal Park Board*
- Member of “Friends of” group or similar (non-profit/nongovernmental management group)
- Other _____

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

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

Which of these would you most likely associate with the parks in your service area?

Please rank in order from 1 to 5 related to the facilities and parks in your parks and recreation system.



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:	
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 2017 budget for your agency? _____

What was the total revenue earned by the local parks and recreation system in 2017? _____

Has your legally appropriated budget increased or decreased since the 2016 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%

Does your facility use non-reverting funds?

Yes

No

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: _____						
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 Trail		
Other Trail		

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 Educational Programs			
Partnering with Local for Profit Agencies			
Local Business Donations of People/Staff Time			
Local Business Donations of Equipment			
Local Non-Profit Organizations			
Other			

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 indicate the level at which you agree or disagree with the following statements on a scale of 0-10:

Trails should be an important part of a community's infrastructure.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

I think that ADA compliance is important for trail development and renovation.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

There should be state legislation that supports the acquisition of former railroad corridors for the development of trails.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

My community needs greater assistance in order to provide a satisfactory experience for users of our parks and recreation facilities.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Park development is more important than housing and community development.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

How would you define a park?

Below are a few dictionary definitions of a park. Please select the phrase that most closely relates to what a park means to you.

1a : an enclosed piece of ground stocked with game and held by royal prescription or grant

b : a tract of land that often includes lawns, woodland, and pasture attached to a country house and is used as a game preserve and for recreation

2a : a piece of ground in or near a city or town kept for ornament and recreation

b : an area maintained in its natural state as a public property

3a : a space occupied by military vehicles, materials, or animals

b : parking lot

4: an enclosed arena or stadium used especially for ball games

5: an area designed for a specified type of use (such as industrial, commercial, or residential use) amusement parks

Imagine this was an image of your service region. Which area would your community generally be lacking in terms of parks and recreation?

Imagine this was an image of your service region. Which area would your community generally be excelling in terms of 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

Are you a person with a disability?

- Yes
- No

Age _____

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

Number of male staff in your park system

Number of female staff in your park system

Number of staff with disabilities in your park system

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) _____

APPENDIX E

Water Trail Survey

What brought you to our website today? (check all that apply)

- Public Access Site (Launch) Locations
- Dam Information
- River Miles
- Average Float Times
- Current Water Levels or Conditions
- Descriptions / Photos
- Canoe or Kayak Rental (Livery) Information
- Streamside Camping Locations
- Surrounding Amenities (Restaurants, Lodging, Parks, etc.)
- Other (please specify)

Please rank how important providing the following water trail information is to you.

	Extremely Important	Very Important	Moderately Important	Slightly Important	Not at all important
Public Access Site (Launch) Locations					
Dam Information					
River Miles					
Average Float Times					
Current Water Levels or Conditions					
Descriptions / Photos					
Canoe or Kayak Rental (Livery) Information					
Streamside Camping Locations					
Surrounding Amenities (Restaurants, Lodging, Parks, etc.)					

For which stream(s) would you like water trail information? (Check all that apply.)

- Big Pine
- Blue River
- Cedar Creek
- Deep River
- Driftwood River
- Eel River
- Elkhart River
- Fall Creek
- Fawn River
- Flatrock River
- Iroquois River
- Kankakee River
- Lake Michigan
- Little / Big Blue River (Shelbyville)
- Little Calumet River
- Maumee River
- Mississinewa River
- Muscatatuck River
- Ohio River
- Patoka River
- Pigeon Creek (Evansville)
- Pigeon River (Steuben County)
- St Joseph River
- St. Marys River
- Salamonie River
- Sugar Creek
- Tippecanoe River
- Wabash River

What other water trail information do you think would be helpful? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Answer Choices | <input type="checkbox"/> Upcoming Paddling Events |
| <input type="checkbox"/> Water Trail Safety | <input type="checkbox"/> Trip Planning Help |
| <input type="checkbox"/> Laws & Regulations | <input type="checkbox"/> Water Quality |
| <input type="checkbox"/> Applicable Permits/Rates | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Water Trail Etiquette | <input type="checkbox"/> Wildlife Watching |
| <input type="checkbox"/> Paddling or Stream Stewardship Organizations | <input type="checkbox"/> Other (please specify) |

What type of watercraft do or will you use on water trails? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Canoe | <input type="checkbox"/> Electric Motor Boat |
| <input type="checkbox"/> Kayak | <input type="checkbox"/> Gas Motor Boat |
| <input type="checkbox"/> Stand-Up Paddleboard | <input type="checkbox"/> Non-motorized Boat |
| <input type="checkbox"/> Raft | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Tube | |

How do you prefer to get information about water trails? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Paper Map or Guide |
| <input type="checkbox"/> Interactive App (phone, tablet, etc.) | <input type="checkbox"/> Brochure/Booklet |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (please specify) |

**What other water trail information could we provide that would help you and other trail users?
(Open-Ended Question)**

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