BOARD OF ALDERMEN
Work Session Agenda
CITY OF PARKVILLE, MISSOURI
Tuesday, August 6, 2024 5:00 PM
City Hall Board Room

1. GENERAL AGENDA

A. Parks and Recreation Master Plan Survey Discussion

B. Leaf Program Discussion

2. ADJOURN

Revised Posted Date & Time: August 2, 2024 3:00 pm By: KS

CITY OF PARKVILLE
Policy Report

Date: August 2, 2024

Prepared By:

Brittanie Propes, Parks & Recreation Director

Reviewed By:
Bryan Kidney, Deputy City Administrator/Finance Director

ISSUE:
Parks and Recreation Master Plan Survey Discussion

BACKGROUND:

BUDGET IMPACT:

ALTERNATIVES:

STAFF RECOMMENDATION:

ATTACHMENTS:
1. Parkville Parks & Rec Draft Survey

2024 City of Parkville Community Survey

The City of Parkville would like your input to help determine priorities for the community. This survey will take 10-15 minutes to complete. When you are finished, please return your completed survey in the enclosed postage-paid, return-reply envelope. If you prefer, you can complete the survey online at parkvillesurvey.org. We greatly appreciate your time!

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1. Including yourself, how many people in your household are...

Under age 5: ____ Ages 15-19: ____ Ages 35-44: ____ Ages 65-74: ____
Ages 5-9: ____ Ages 20-24: ____ Ages 45-54: ____ Ages 75+: ____
Ages 10-14: Ages 25-34: ____ Ages 55-64: ____

2. Have you or any member of your household visited any City of Parkville parks, trails, or recreation facilities during the past 12 months?

____(1) Yes *[Answer Q2a.]* ____(2) No *[Skip to Q3.]*

2a. Overall, how would you rate the physical condition of ALL the City of Parkville parks, trails, and recreation facilities you have visited?

____(4) Excellent ____(3) Good ____(2) Fair ____(1) Poor

3. Please CHECK ALL of the following reasons that prevent you or members of your households from visiting City of Parkville parks, trails, and recreation facilities more often.

____(01) Do not feel safe using parks/facilities
____(02) Lack of amenities we want to use
____(03) Lack of handicap (ADA) accessibility
____(04) Lack of parking to access parks/facilities
____(05) Lack of restrooms
____(06) Lack of shade
____(07) Lack of transportation
____(08) Not aware of parks' or facilities' locations
____(09) Not interested in using parks
____(10) Parks/facilities are not well maintained
____(11) Too far from our home
____(12) Use parks/facilities in other cities
____(13) Other: _____

4. From the following list, please CHECK ALL the ways you learn about City of Parkville parks, trails, recreation facilities, programs, and events.

____(01) Recreation activity brochure
____(02) City website
____(03) Materials at parks or recreation facilities
____(04) Conversations with City staff
____(05) Newspaper
____(06) Word of mouth
____(07) Promotions at special events
____(08) Banners
____(09) Emails
____(10) E-newsletter
____(11) Social Media
____(12) Flyers
____(13) Other: _____

5. From the list in Question 4, which THREE methods of communication would you MOST PREFER the City use to communicate with you about parks, trail, recreation facilities, programs, and events? *[Write in your answers below using the numbers from the list in Question 4, or circle "NONE."]*

1st: ____ 2nd: ____ 3rd: ____ NONE

6. From the following list, please CHECK ALL of the organizations that you or members of your household have used for recreation and sports activities during the last 12 months.

____(01) City of Parkville
____(02) HOA
____(03) Neighboring cities
____(04) Places of worship (e.g., synagogues, churches)
____(05) Private and non-profit youth sports
____(06) Private clubs (tennis, health, swim, fitness)
____(07) Private schools/charter schools
____(08) Private summer camps
____(09) Public schools
____(10) YMCA
____(11) Other: _____

7. Has your household participated in any programs, activities or events offered by the City of Parkville Parks and Recreation Department during the past 12 months?

____(1) Yes *[Answer Q7a.]* ____(2) No *[Skip to Q8]*

7a. How would you rate the overall quality of the City of Parkville Parks and Recreation Department programs, activities or events in which your household has participated?

____(4) Excellent ____(3) Good ____(2) Fair ____(1) Poor

8. Please CHECK ALL of the following reasons that prevent you or members of your household from participating in City of Parkville Parks and Recreation Department programs, activities and/or events more often.

____(01) Classes are full
____(02) Do not feel safe participating
____(03) Fees are too high
____(04) I don't know what is offered
____(05) Lack of quality instructors
____(06) Lack of quality programs
____(07) Lack of right program equipment
____(08) Lack of transportation
____(09) Old and outdated facilities
____(10) Online registration is not user friendly
____(11) Poor customer service by staff
____(12) Programs are not (ADA) accessible
____(12) Programs I'm interested in are not offered
____(13) Program times are not convenient
____(14) Registration is difficult
____(15) Too far from our home
____(16) Too busy/not interested
____(17) Use programs of other agencies
____(18) Other: _____

9. Please indicate your level of agreement with the following statements concerning some potential benefits of the City of Parkville's parks, facilities, and recreation programs or events by circling the corresponding number.

	The parks and recreation system in Parkville...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
01.	Improves my (my household's) mental health and reduces stress	5	4	3	2	1	9
02.	Improves my (my household's) physical health and fitness	5	4	3	2	1	9
03.	Increases my (my household's) property value	5	4	3	2	1	9
04.	Is age-friendly and accessible to all age groups	5	4	3	2	1	9
05.	Makes Parkville a more desirable place to live	5	4	3	2	1	9
06.	Positively impacts economic/business development	5	4	3	2	1	9
07.	Preserves open space and protects the environment	5	4	3	2	1	9
08.	Provides jobs/professional development for youth	5	4	3	2	1	9
09.	Provides positive social interactions for me (my household/family)	5	4	3	2	1	9
10.	Provides volunteer opportunities for the community	5	4	3	2	1	9

10. Please indicate how well your needs are being met for each of the facilities/amenities listed below on a scale of 4 to 1, where 4 means your needs are "Fully Met," and 1 means your needs are "Not Met" at all. If you do not have a need for an item listed, please circle "9" for "No Need."

	Type of Facility/Amenity	Fully Met	Mostly Met	Partly Met	Not Met	No Need
01.	Campgrounds	4	3	2	1	9
02.	Community center (multi-use space for events, exercise and activities)	4	3	2	1	9
03.	Environmental/nature education center	4	3	2	1	9
04.	Indoor basketball/volleyball courts (indoor gyms)	4	3	2	1	9
05.	Golf courses	4	3	2	1	9
06.	Disc golf	4	3	2	1	9
07.	Large community parks	4	3	2	1	9
08.	Diamond sports fields (baseball, softball)	4	3	2	1	9
09.	Rectangular sports fields (football, rugby, soccer)	4	3	2	1	9
10.	Mountain bike trails	4	3	2	1	9
11.	Multi-use hiking, biking, walking trails (paved or unpaved)	4	3	2	1	9
12.	Lighted paved walking trails	4	3	2	1	9
13.	Off-leash dog park	4	3	2	1	9
14.	Open space conservation areas	4	3	2	1	9
15.	Outdoor basketball courts	4	3	2	1	9
16.	Outdoor exercise/fitness area	4	3	2	1	9
17.	Lighted outdoor pickleball courts	4	3	2	1	9
18.	Outdoor tennis courts	4	3	2	1	9
19.	Performing arts theater	4	3	2	1	9
20.	Picnic areas and shelters	4	3	2	1	9
21.	Playgrounds	4	3	2	1	9
22.	Shade and trees	4	3	2	1	9
23.	Skateboarding parks	4	3	2	1	9
24.	Small neighborhood parks	4	3	2	1	9
25.	Splash pads or spray parks	4	3	2	1	9
26.	Swimming pools	4	3	2	1	9
27.	Recognition of community history markers/signs	4	3	2	1	9
28.	Other: _____	4	3	2	1	9

11. Which FOUR facilities/amenities from the list in Question 10 are MOST IMPORTANT to your household? *[Write in your answers below using the numbers from the list in Question 10, or circle "NONE."]*

1st: ____ 2nd: ____ 3rd: ____ 4th: ____ NONE

12. Please indicate how well your needs are being met for each of the programs/activities listed below on a scale of 4 to 1, where 4 means your needs are "Fully Met," and 1 means your needs are "Not Met" at all. If you do not have a need for an item listed, please circle "9" for "No Need."

	Type of Program/Activity	Fully Met	Mostly Met	Partly Met	Not Met	No Need
01.	Adult fitness and wellness programs	4	3	2	1	9
02.	Adult sports leagues	4	3	2	1	9
03.	After school programs for youth of all ages	4	3	2	1	9
04.	Adult performing arts programs (dance/music)	4	3	2	1	9
05.	Adult visual arts/crafts programs	4	3	2	1	9
06.	Counseling and mental health programs	4	3	2	1	9
07.	Cultural enrichment programs	4	3	2	1	9
08.	EGaming/ESports	4	3	2	1	9
09.	Exercise classes	4	3	2	1	9
10.	Cheer/gymnastics/tumbling programs	4	3	2	1	9
11.	Outdoor environmental/nature camps and programs	4	3	2	1	9
12.	Preschool programs/early childhood education	4	3	2	1	9
13.	Programs for people with special needs	4	3	2	1	9
14.	Recreation/competitive swim team	4	3	2	1	9
15.	Senior programs	4	3	2	1	9
16.	Special events (concerts,	4	3	2	1	9
17.	STEM (science, technology, engineering, and mathematics) classes	4	3	2	1	9
18.	Swim lessons	4	3	2	1	9
19.	Teen/tween programs	4	3	2	1	9
20.	Pickleball/tennis lessons and leagues	4	3	2	1	9
21.	Youth fitness and wellness classes	4	3	2	1	9
22.	Youth visual/performing arts/crafts programs (dance/music)	4	3	2	1	9
23.	Youth sports programs and camps	4	3	2	1	9
24.	Youth seasonal programs and camps	4	3	2	1	9
25.	Water fitness programs/lap swimming	4	3	2	1	9
26.	Community history programs and events	4	3	2	1	9
27.	Other: _____	4	3	2	1	9

13. Which FOUR programs/activities from the list in Question 12 are MOST IMPORTANT to your household? *[Write in your answers below using the numbers from the list in Question 12, or circle "NONE."]*

1st: ____ 2nd: ____ 3rd: ____ 4th: ____ NONE

14. If you had $100, how would you allocate the funds among the parks and recreation categories listed below? *[Please be sure your total adds up to $100.]*

$_____ Maintain existing parks, pools, and recreation facilities
$_____ Acquire new park land and open space
$_____ Construct new sports fields (softball, soccer, baseball, etc.)
$_____ Expand program, activity and event offerings
$_____ Other: _____

$100 TOTAL

15. How far of a walk is it from your residence to the nearest park?

____(1) Less than 5 minutes ____(3) 10-15 minutes ____(9) Not sure
____(2) 5-10 minutes ____(4) More than 15 minutes

16. How important do you feel it is for the City of Parkville to provide high quality parks, recreation facilities and programs?

____(3) Very important ____(2) Somewhat important ____(1) Not important ____(9) Not sure

17. Your gender identity:

____(1) Male ____(4) Prefer to self-describe: _____
____(2) Female ____(5) Prefer not to disclose
____(3) Non-binary

18. How many years have you lived in Parkville? _____ years

19. Which of the following best describes your race/ethnicity?

____(01) Asian or Asian Indian ____(05) Native Hawaiian or other Pacific Islander
____(02) Black or African American ____(06) Hispanic or Latino
____(03) American Indian or Alaska Native ____(99) Other: _____
____(04) White

This concludes the survey. Thank you for your time!

Please return your completed survey in the enclosed return-reply envelope addressed to:
ETC Institute, 725 W. Frontier Circle, Olathe, KS 66061

Your responses will remain completely confidential. The information to the right will ONLY be used to help identify the level of need in your area. Thank you!

CITY OF PARKVILLE
Policy Report

Date: July 31, 2024

Prepared By:
Daniel Harper, Public Works Director

Reviewed By:
Alexa Barton, City Administrator

ISSUE:
Leaf Program Discussion

BACKGROUND:
This presentation is to cover the current issues associated with leaf removal in the city and consider options for moving forward on the issue. Staff is seeking input and feedback from the Board of Aldermen on what approach(s) to look further into for consideration.

BUDGET IMPACT:

ALTERNATIVES:

STAFF RECOMMENDATION:

ATTACHMENTS:
None