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Attention: Residents of Smoky Lake County, Town of Smoky Lake, Village of Vilna and Village of Waskatenau

Dear Residents:

Re: Regional Recreation Services Questionnaire

MPE a division of Englobe (MPE) is completing a Regional Recreation Services Study with Smoky Lake County, Town of Smoky Lake, Village of Vilna and Village of Waskatenau, and is seeking input/feedback from all residents. MPE is looking to review the current state of recreational assets, programs and services in the region, assess participation levels, and identify any gaps or vulnerabilities. We encourage you to complete the short questionnaire online by scanning the QR code or typing the link below into your web browser. To scan the QR code, simply open your smartphone's camera, point it at the code and follow the link that appears. If you prefer, you can complete the physical questionnaire below and return the letter to your local municipal office. Your municipality greatly appreciates your input and requests that this be completed by May 15, 2025.



<https://forms.office.com/r/heDVMjsiTP>

We thank you for your input on this matter. If you have any inquiries regarding our questionnaire, please contact Mr. Mike Andrews, P.Eng., PMP at 780-486-2000.

1. What municipality do you reside in?

<input type="checkbox"/> Smoky Lake County	<input type="checkbox"/> Hamlet of Warspite	<input type="checkbox"/> Hamlet of Spedden	<input type="checkbox"/> Village of Vilna	<input type="checkbox"/> Rural
<input type="checkbox"/> Hamlet of Edward	<input type="checkbox"/> Town of Smoky Lake	<input type="checkbox"/> Village of Waskatenau		
2. How long have you or your family lived in this municipality?

<input type="checkbox"/> Less than a year	<input type="checkbox"/> 3 to 5 years	<input type="checkbox"/> 10 years or more
<input type="checkbox"/> 1 to 3 years	<input type="checkbox"/> 5 to 10 years	
3. What age groups are in your household? (Select all that apply)

<input type="checkbox"/> Under 18	<input type="checkbox"/> 25 to 34	<input type="checkbox"/> 45 to 54	<input type="checkbox"/> 65 and over
<input type="checkbox"/> 18 to 24	<input type="checkbox"/> 35 to 44	<input type="checkbox"/> 55 to 64	
4. How often do you or your family members use recreational facilities in your municipality?

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Yearly	<input type="checkbox"/> Rarely	<input type="checkbox"/> Never
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5. Which recreational facilities or parks do you or your family members visit more than 5 times a year? (Select all that apply)

<input type="checkbox"/> Fitness Centre	<input type="checkbox"/> Winter Outdoor Skating Rink	<input type="checkbox"/> Public Library	<input type="checkbox"/> Ball Diamonds
<input type="checkbox"/> Curling Rink	<input type="checkbox"/> Seniors' Centre	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Hockey Arena
<input type="checkbox"/> Skateboard Park	<input type="checkbox"/> Hiking/Walking Trails	<input type="checkbox"/> Public Playgrounds/Nature Parks	<input type="checkbox"/> Campgrounds
<input type="checkbox"/> Other (please specify): _____			
6. Regarding the facilities you selected in **Question 5**, rate the cleanliness and maintenance.

<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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7. Regarding the facilities you selected in **Question 5**, which of the following fee increases is the **maximum** you would pay to continue to participate?

<input type="checkbox"/> 10% Increase in Fees	<input type="checkbox"/> 25% Increase in Fees	<input type="checkbox"/> 50% Increase in Fees	<input type="checkbox"/> 75% Increase in Fees
<input type="checkbox"/> 100% Increase in Fees	<input type="checkbox"/> None of the above		
8. Regarding the facilities you selected in **Question 5**, do you find the current hours of operation satisfactory?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> If no, which facilities would you like changed hours? _____	
9. Regarding the facilities you selected in **Question 5**, how long is the duration of your visit, on average?

<input type="checkbox"/> Less than an hour	<input type="checkbox"/> 1 to 2 hours	<input type="checkbox"/> 2 to 3 hours	<input type="checkbox"/> 3 hours or more
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10. What services could be provided to extend the duration of your visit to the facilities? (Select all that apply)

<input type="checkbox"/> Concessions	<input type="checkbox"/> Seating or shade for outdoor facilities	<input type="checkbox"/> I am happy with the length of my visit
<input type="checkbox"/> Equipment rental	<input type="checkbox"/> Multiple activities within the facilities	
<input type="checkbox"/> Other (please specify): _____		
- 10.a) What types of recreational programs or events are you aware of in your municipality? (Select all that apply)

<input type="checkbox"/> Sports (e.g., baseball, hockey, soccer, basketball, tennis, kickball, etc.)	<input type="checkbox"/> Fitness programs (e.g., yoga, Pilates, CrossFit etc.)
<input type="checkbox"/> Arts and Culture (e.g., painting, dance, theatre)	<input type="checkbox"/> Social events (e.g., festivals, social mixers)
<input type="checkbox"/> Educational programs (e.g., workshops, classes)	<input type="checkbox"/> Outdoor activities (e.g., hiking, camping, biking)
<input type="checkbox"/> Other (please specify): _____	
- b) Have you or your family participated in any of the above recreational programs or events in the past year?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- c) If you selected "Yes" in 10.b), which recreational programs or events have you participated in?

<input type="checkbox"/> Sports (e.g., baseball, hockey, soccer, basketball, tennis, kickball, etc.)	<input type="checkbox"/> Fitness programs (e.g., yoga, Pilates, CrossFit etc.)
<input type="checkbox"/> Arts and Culture (e.g., painting, dance, theatre)	<input type="checkbox"/> Social events (e.g., festivals, social mixers)
<input type="checkbox"/> Educational programs (e.g., workshops, classes)	<input type="checkbox"/> Outdoor activities (e.g., hiking, camping, biking)
<input type="checkbox"/> Other (please specify): _____	
- d) If you selected "No" in 10.b), please explain why not (Select all that apply):

<input type="checkbox"/> Lack of time	<input type="checkbox"/> Poor quality of programs	<input type="checkbox"/> Programs are not affordable
<input type="checkbox"/> Programs are not relevant	<input type="checkbox"/> Accessibility issues	
<input type="checkbox"/> Other (please specify): _____		

- e) If you selected "No" in 10.b), which recreational programs would you most likely participate in, if you could? (Select all that apply)
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|--|---|
| <input type="checkbox"/> Sports (e.g. soccer, basketball, tennis, kickball etc.) | <input type="checkbox"/> Fitness programs (e.g. yoga, Pilates, CrossFit etc.) |
| <input type="checkbox"/> Arts and Culture (e.g. painting, dance, theatre) | <input type="checkbox"/> Social events (e.g. festivals, social mixers) |
| <input type="checkbox"/> Outdoor activities (e.g. hiking, camping, biking) | <input type="checkbox"/> Educational programs (e.g. workshops, classes) |
| <input type="checkbox"/> Other (please specify): _____ | |
11. What programs/services does your local library currently provide?
- | | | |
|--|--|---|
| <input type="checkbox"/> Programs to improve skills (computer classes, crochet and knitting, art classes etc.) | <input type="checkbox"/> Youth-oriented programs | <input type="checkbox"/> Social mixers |
| <input type="checkbox"/> Book clubs | <input type="checkbox"/> Story reading sessions | <input type="checkbox"/> Resume building programs |
| | <input type="checkbox"/> Dedicated gaming area | <input type="checkbox"/> Other (please specify) _____ |
12. What programs/services would you like to see at your local library that are **not currently provided**? (Select all that apply)
- | | | |
|--|--|---|
| <input type="checkbox"/> Programs to improve skills (computer classes, crochet and knitting, art classes etc.) | <input type="checkbox"/> Youth-oriented programs | <input type="checkbox"/> Social mixers |
| <input type="checkbox"/> Book clubs | <input type="checkbox"/> Story reading sessions | <input type="checkbox"/> Resume building programs |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Dedicated gaming area | |
13. Are there any specific outdoor or natural spaces (e.g., parks, trails, campgrounds) in your municipality that you think could benefit from development or enhancement?
- Yes (please specify): _____ No
14. Do you feel that recreational facilities are well-distributed across your municipality, or are they concentrated in a few areas?
- Well-distributed Concentrated in certain areas Unsure
15. How satisfied are you with the current recreational facilities in your municipality?
- 1 Highly Dissatisfied 2 Dissatisfied 3 Neutral 4 Satisfied 5 Highly Satisfied
16. How satisfied are you with the current recreational programs and services in your municipality?
- 1 Highly Dissatisfied 2 Dissatisfied 3 Neutral 4 Satisfied 5 Highly Satisfied
17. Please rate the affordability of the available programs and services in your municipality.
- 1 Highly Unaffordable 2 Unaffordable 3 Fair 4 Affordable 5 Highly Affordable
18. How would you rate the accessibility of local recreational facilities for people with physical and mental disabilities?
- Very accessible Somewhat accessible Not accessible at all Unsure
19. What additional recreational facilities or programs would you like to see in your municipality? (Select all that apply)
- | | | |
|---|---|---|
| <input type="checkbox"/> Sports or fitness facilities (workout gyms, indoor running tracks, indoor/outdoor swimming pools, gymnastics facility, rock climbing gym, yoga studio, etc.) | <input type="checkbox"/> Biking and/or walking trails | <input type="checkbox"/> Camping grounds |
| <input type="checkbox"/> Arts and cultural programs | <input type="checkbox"/> New parks or green spaces | <input type="checkbox"/> Skateboard park |
| | <input type="checkbox"/> Youth and senior programs | |
| | <input type="checkbox"/> Community events | <input type="checkbox"/> Other (please specify) _____ |
20. Do you think there is a need for more programs or events that focus on health and wellness (e.g., mental health, physical health, nutrition)?
- Yes No Unsure
- 20.a) Have you participated in any online or virtual recreational programs offered in your municipality (e.g. fitness classes, educational webinars)?
- Yes No Not offered
- b) If you answered "Not offered" for 22.a), would you participate if they were offered?
- Yes No Maybe
21. How do you typically access recreational facilities in your municipality?
- Walking Biking Driving Public Transportation Other (Please specify) _____
22. Do you feel that recreational programs and services in your municipality are inclusive and accessible to all community members?
- Yes, very inclusive Somewhat inclusive Not inclusive at all Unsure
23. What do you perceive as the biggest barriers to accessing recreational facilities or programs in your municipality? (Select all that apply)
- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Lack of public transportation | <input type="checkbox"/> High membership costs | <input type="checkbox"/> Limited program availability | <input type="checkbox"/> Poor quality of equipment |
| <input type="checkbox"/> Distance (commute) | <input type="checkbox"/> Scheduling conflicts | <input type="checkbox"/> Poor quality of facility building | <input type="checkbox"/> Physical accessibility issues |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> Other (please specify): _____ | | |
24. Do you think there are enough programs or facilities available for **children/teens** in your community?
- Yes No Unsure
25. Do you think there are enough programs or facilities available for **adults** in your community?
- Yes No Unsure
26. Do you think there are enough programs or facilities available for **seniors** in your community?
- Yes No Unsure
27. Do you believe that the municipal government allocates sufficient resources to recreational facilities and programs?
- Yes No Unsure
28. How well do you think the local government communicates about available recreational services and programs?
- Very Well Adequate Poor Unsure
29. How do you currently find out about local recreational services and programs?
- | | | |
|--|--|---|
| <input type="checkbox"/> Municipality website | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Bulletins |
| <input type="checkbox"/> Local newspaper or magazine | <input type="checkbox"/> Social media | <input type="checkbox"/> I did not know we had local recreational services and programs |
| <input type="checkbox"/> Other (please specify): _____ | | |
30. What suggestions do you have for improving the delivery and management of recreational services in your municipality? (Select all that apply)
- Increase funding for facilities Improve communication and outreach Unsure
- Other (please specify): _____
31. Would you be interested in volunteering to help with local recreational programs or events?
- Yes No Maybe
32. Do you have any other comments or suggestions regarding recreational assets, programs, or services in your municipality?
- _____
- _____