



**Chair John E. Brown**  
Member James Curington  
Member Asia Eichmiller  
Member Tom Hubbard  
Member Allen Jones

**City Manager Mike DaRoza**

The Senior Resources Advisory Board will conduct a  
**Senior Resources Advisory Board Meeting**  
**At 4:30 PM**

to address the item(s) below.

**Meeting Date:** April 1, 2025

**Meeting Location:** James A. Lewis City Commission Chambers  
15100 NW 142 Terrace  
Alachua, FL 32615

### **Senior Resources Advisory Board Meeting**

Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.

**CALL TO ORDER**

**INVOCATION**

**PLEDGE TO THE FLAG**

**APPROVAL OF THE AGENDA**

**I. OLD BUSINESS**

**II. NEW BUSINESS**

**A) APPROVAL OF SEPTEMBER 3, 2024 MINUTES**

**B) APPOINTMENT OF VICE CHAIR**

**C) UPCOMING EVENTS AND TRIPS**

**D) DISCUSS THE AGE-FRIENDLY COMMUNITY SURVEY**

**E) RECRUITMENT OF ADDITIONAL ATTENDEES FOR FUTURE SRAB MEETINGS**

F) APPROVE MEETING DATES FOR 2025

III. BOARD COMMENTS/DISCUSSION

IV. CITIZENS COMMENTS

ADJOURN



## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Approval of September 3, 2024 Minutes

**PREPARED BY:** John Hansen, Recreation and Culture Assistant Director

**RECOMMENDED ACTION:**

Approve Meeting Minutes

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### Summary

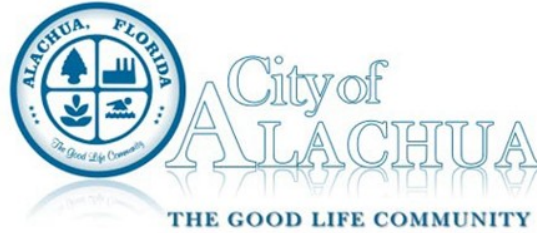
Approval of the minutes from the September 3, 2024 Senior Resources Advisory Board meeting.

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

1. To Be Approved.24.09.03.M.SRAB



Senior Resources Advisory Board Meeting Minutes  
September 3, 2024 at 4:30 PM

**Chair John E. Brown**  
Member Karen Reed  
Member James Curington  
Member Allen Jones  
Member Tom Hubbard

**City Manager Mike DaRoza**

Meeting Location: James A. Lewis City Commission Chambers  
15100 NW 142 Terrace  
Alachua, Fl. 32615

## Senior Resources Advisory Board Meeting

**Notice given pursuant to Section 286.0105, Florida Statutes. In order to appeal any decision made at this meeting, you will need a verbatim record of the proceedings. It will be your responsibility to ensure such a record is made.**

### **CALL TO ORDER**

John Brown, Chair

Karen Reed, Member-Absent  
Tom Hubbard, Member-Absent

### **INVOCATION**

John Brown, Chair

### **PLEDGE TO THE FLAG**

John Brown, Chair

## **APPROVAL OF THE AGENDA**

**Member James Curington moved to approve the motion; seconded by Member Allen Jones.**

**Passed by unanimous consent.**

### **I. OLD BUSINESS**

- A) PROGRAMS FOR PERSONAL SAFETY AWARENESS- TO BE HELD AT A SENIOR RESOURCE ADVISORY BOARD MEETING OR AT A PLANNED COMMUNITY EVENT ESPECIALLY FOR OUR SENIOR CITIZENS.

**Member Curington moved to have the Senior Resource Advisory Board assist the Recreation and Culture Department staff to plan, organize, and promote an event especially for the City of Alachua's Senior Citizens for Safety Awareness; seconded by Member Jones.**

**Passed by unanimous consent.**

- B) HEALTH AND FITNESS

The members of the SRAB chose not to vote on this topic at this time. This event is to be included with the Safety Awareness Event.

### **II. NEW BUSINESS**

- A) APPROVE MEETING MINUTES
  - i. MINUTES FOR THE JUNE 4, 2024, MEETING

**Member Curington moved to approve the June 4, 2024, minutes; seconded by Member Jones.**

**Passed by unanimous consent.**

- B) ELDER OPTIONS SENIOR EVENT IS TO BE HELD AT LEGACY PARK MULTIPURPOSE CENTER ON OCTOBER 14TH AND 15TH.

This was information provided by Assistant Recreation and Culture Director Stephanie McDonald about an event for Seniors being hosted by Elder Options.

### **III. BOARD COMMENTS/DISCUSSION**

Shirley Green Brown  
Brandon Wilson

### **IV. CITIZENS COMMENTS**

**ADJOURN**

**Member Curington moved to adjourn; seconded by Member Jones.**

**Passed by unanimous consent.**

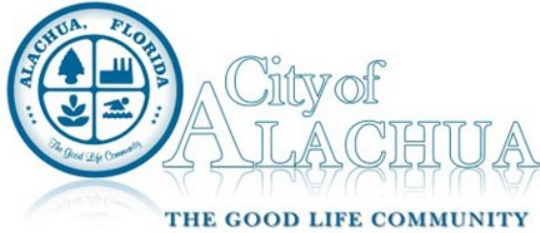
The meeting adjourned at 5:29 p.m.

**ATTEST:**

**CITY COMMISSION OF THE CITY OF  
ALACHUA, FLORIDIA:**

\_\_\_\_\_  
Presiding Officer

\_\_\_\_\_  
Staff Liaison



## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Appointment of Vice Chair

**PREPARED BY:** John Hansen, Recreation and Culture Assistant Director

**RECOMMENDED ACTION:**

Receive presentation.

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### Summary

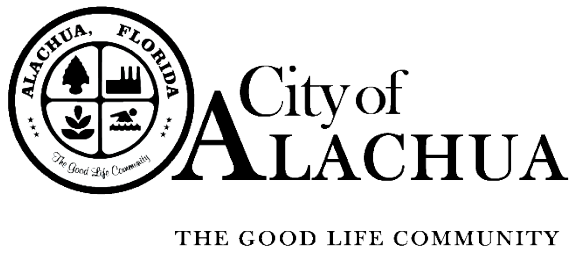
The board will vote in a Vice Chair. The selected member will assume the position of Acting Chair in any meeting where the Chair is absent.

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

1. Ballot for Vice-Chair



**Ballot for Vice-Chair  
4/1/25  
Senior Resources Advisory Board**

*Please put an X under the name of the person you vote for.*

**Vice-Chair**

Allen Jones

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James Curington

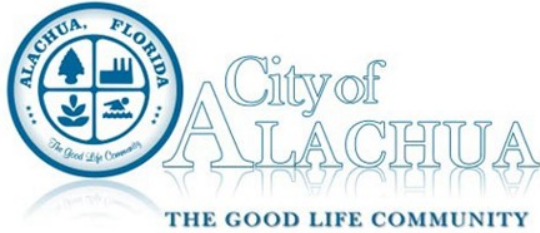
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Tom Hubbard

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Asia Eichmiller

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## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Upcoming Events and Trips

**PREPARED BY:** John Hansen, Recreation and Culture Assistant Director

**RECOMMENDED ACTION:**

Receive presentation.

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### Summary

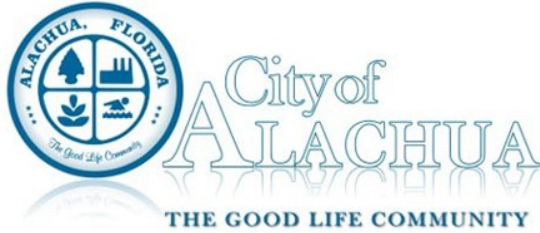
Brandon Wilson of Crafty Gemini will give the board an update on future events and plans for future senior field trips.

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

None



## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Discuss the Age-Friendly Community Survey

**PREPARED BY:** John Hansen, Recreation and Culture Assistant Director

**RECOMMENDED ACTION:**

Receive presentation and discuss future changes.

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### Summary

Discuss how we can rework the Age-Friendly Community Survey to make it more available to the public, easier to fill out, and more impactful with regard to how it can define the needs of the seniors in our community.

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

1. 2022 Alachua Senior Community Survey

We would like to find out more about our senior community and what you'll need as you get older to make our community an even more great place to live. Your input is very important and we would greatly appreciate your participation in this survey.

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How long have you lived in our community?

- Less than 5 years
- 5 years but less than 15 years
- 15 years but less than 25 years
- 25 years but less than 35 years
- 35 years but less than 45 years
- 45 years or more

How long have you lived in your current residence?

- Less than 5 years
- 5 years but less than 15 years
- 15 years but less than 25 years
- 25 years but less than 35 years
- 35 years but less than 45 years
- 45 years or more

How would you rate your current community as a place for people to live as they age?

- Excellent
- Very good
- Good
- Fair
- Poor

Some people find that they need or want to move out of their community as they get older. If you were to consider moving out of your current community, would the following be a major factor, a minor factor, or not a factor at all in your decision to move?

	<b>Major factor</b>	<b>Minor factor</b>	<b>Not a factor</b>	<b>Not sure</b>
a. Your personal safety or security concerns...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wanting to move to an area that has better health care facilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wanting to be closer to family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Needing more access to public transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wanting to live in a different climate .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wanting to live in an area that has a lower cost of living .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wanting to live in an area with better opportunities for social interaction .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it for you to remain in your current community for as long as possible?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not at all important

Which of the following types of homes best describes where you currently live?

**[CHECK ONLY ONE]**

- Single family house
- Two family house that has two separate living units
- Townhouse or row house
- Apartment
- Condominium or coop
- Mobile home
- Senior housing or assisted living facility
- Some other type of living arrangement

Do you own or rent your primary home or do you have some other type of living arrangement like living with a family member or friend?

- Own
- Rent
- Neither own nor rent but live with adult child or others

How important is it for you to be able to live independently in your own home as you age?

- Extremely important
- Very important
- Somewhat important
- Not very important
- Not at all important

Some people find that they need to make modifications to their residence to enable them to stay there for as long as possible. Does your current residence need any major repairs, modifications, or changes to enable you to stay there for as long as possible?

- Yes
- No
- Not sure

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. Sidewalks that are in good condition, safe for pedestrians, and accessible for wheelchairs or other assistive mobility devices .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Well-lit, accessible, safe streets and intersections for all users .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Audio and visual pedestrian crossings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Separate pathways for bicyclists and pedestrians .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Well-maintained streets .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Easy to read traffic signs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Enforced speed limits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following

	Excellent	Very good	Good	Fair	Poor
a. Well-maintained homes and properties .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Affordable housing options for adults of varying income levels such as older active adult communities, assisted living and communities with shared facilities and outdoor spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Homes that are built with things like a no step entrance, wider doorways, and first floor bedrooms and bathrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Well-maintained, safe low-income housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Well-maintained parks.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Safe parks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Public buildings and spaces including restrooms that are accessible to people of different physical abilities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Enough benches for resting in public areas like parks, along sidewalks, and around public buildings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Conveniently located emergency care centers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you usually get around your community for things like shopping, visiting the doctor, running errands, or other things?

	Yes	No
a. Walk .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Drive yourself .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Have others drive you .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Take a taxi.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a ride source company such as Uber or Lyft .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Use a special transportation service, such as one for seniors or persons with disabilities .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Use public transportation .....	<input type="checkbox"/>	<input type="checkbox"/>
h. Ride a bike .....	<input type="checkbox"/>	<input type="checkbox"/>
i. Some other way.....	<input type="checkbox"/>	<input type="checkbox"/>
j. I do not get out of the house .....	<input type="checkbox"/>	<input type="checkbox"/>

How often do you have contact with family, friends, or neighbors who do not livewith you?

- Everyday
- Several times a week, but not everyday
- Once a week
- Once every 2 or 3 weeks
- Once a month
- Less than monthly
- Never

How often you feel the following?

	Often	Sometimes	Rarely	Never
a. I lack companionship .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel left out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel isolated from others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you were in trouble, do you have friends or family who can help you at any timeof the day or night?

- Yes
- No

Do you use the following sources for continuing education or self-improvement classes or workshops in your community?

	Yes	No
a. Department of Recreation and Culture .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Faith community .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Local organizations or businesses.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Community center.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Senior center .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Offerings through my work .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Online programs.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Some other source.....	<input type="checkbox"/>	<input type="checkbox"/>
i. I do NOT participate in any continuing education/self-improvement classes .....	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor onhaving the following?

	Excellent	Very good	Good	Fair	Poor
a. Conveniently located entertainment venues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. Activities geared specifically toward older adults.....
- c. Activities that offer senior discounts.....
- d. Activities that are affordable to all residents
- e. Activities that involve both younger and older people .....
- f. A variety of cultural activities for diverse populations .....
- g. Local schools that involve older adults in events and activities.....
- h. Continuing education classes or social clubs to pursue new interests, hobbies or passions.....
- i. Driver education or refresher courses .....

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	Excellent	Very good	Good	Fair	Poor
a. A range of volunteer activities to choose from .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Volunteer training opportunities to help people perform better in their volunteer roles .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Opportunities for older adults to participate in decision making bodies such as community councils or committees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Easy to find information on available local volunteer opportunities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transportation to and from volunteer activities for those who need it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you turn to the following resources if you, a family member or friend needed information about services for older adults such as caregiving services, homedelivered meals, home repair, medical transport, or social activities?

	Yes	No	Not sure
a. Local Senior Centers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Office of Healthy Aging (formerly Dept. of Elderly Affairs).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family or friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Local nonprofit organizations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. AARP .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Faith-based organizations like churches or synagogues .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Phone book.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Your doctor or other health care professional .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Local government offices like the Health Department.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Library.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Some other source.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you rate your community as excellent, very good, good, fair, or poor on having the following?

	<b>Excellent</b>	<b>Very good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
a. Access to community information in one central source.....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
b. Clearly displayed printed community information with large lettering.....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
c. Free access to computers and the Internet in public places such as the library, senior centers or government buildings .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>
d. Community information that is delivered in person to people who may have difficulty or may not be able to leave their home .....	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>

Are you male or female?

- <sub>1</sub> Male
- <sub>2</sub> Female

What is your age as of your last birthday?       [AGE IN YEARS]

What is your current marital status?

- <sub>1</sub> Married
- <sub>2</sub> Not married, living with partner
- <sub>3</sub> Separated
- <sub>4</sub> Divorced
- <sub>5</sub> Widowed
- <sub>6</sub> Never married

Are you or your spouse or partner currently a member of AARP?

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>0</sub> Not sure

Besides you, do you have any of the following people living in your household?

- |  | Yes                                   | No                                    |
|--|---------------------------------------|---------------------------------------|
| a. Child/children under 18 .....                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| b. Child/children 18 or older.....               | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| c. Child/children away at college .....          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| d. Parents.....                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |
| e. Other adult relative or friend 18 or older .. | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> |

In general how would you rate your health?

- <sub>5</sub> Excellent
- <sub>4</sub> Very good
- <sub>3</sub> Good
- <sub>2</sub> Fair
- <sub>1</sub> Poor

D7. Does any disability, handicap, or chronic disease keep you or your spouse or partner from participating fully in work, school, housework, or other activities? [**CHECK ONLY ONE**]

- <sub>1</sub> Yes, myself
- <sub>2</sub> Yes, my spouse or partner
- <sub>3</sub> Yes, both me and my spouse or partner
- <sub>4</sub> No

What is your race? [**CHECK ALL THAT APPLY**]

- <sub>1</sub> Black or African American
- <sub>2</sub> White or Caucasian
- <sub>3</sub> Asian
- <sub>4</sub> American Indian or Alaska Native
- <sub>5</sub> Native Hawaiian or other Pacific Islander
- <sub>6</sub> Other, please specify: \_\_\_\_\_

Thinking about your state and local elections in the last 10 years, how often would you say you vote?

- <sub>5</sub> Always
- <sub>4</sub> Most of the time
- <sub>3</sub> About half of the time
- <sub>2</sub> Seldom
- <sub>1</sub> Never

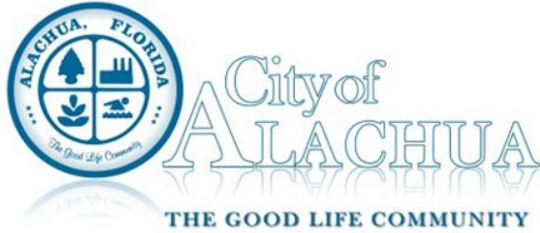
Do you consider yourself to be a Democrat, a Republican, an Independent, or something else?

- <sub>1</sub> Democrat
- <sub>2</sub> Republican
- <sub>3</sub> Independent
- <sub>4</sub> Something else

What was your annual household income before taxes in 2020?

- <sub>1</sub> Less than \$10,000
- <sub>2</sub> \$10,000 to \$19,999
- <sub>3</sub> \$20,000 to \$29,999
- <sub>4</sub> \$30,000 to \$49,999
- <sub>5</sub> \$50,000 to \$74,999
- <sub>6</sub> \$75,000 to \$99,999
- <sub>7</sub> \$100,000 to \$149,999
- <sub>8</sub> \$150,000 or more

**Thank you very much for completing this survey.  
Your assistance in providing this information is very much appreciated.**



## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Recruitment of Additional Attendees for Future SRAB Meetings

**PREPARED BY:** John Hansen, Recreation and Culture Assistant Director

**RECOMMENDED ACTION:**

Receive presentation.

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### Summary

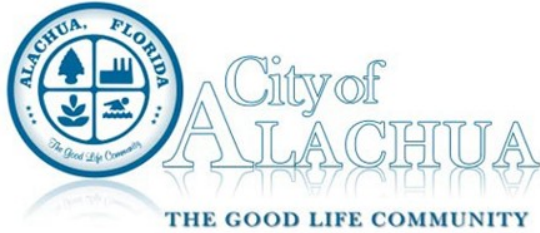
Discuss ways to recruit additional attendees for Senior Resource Advisory Board meetings. Some ideas include: posting meeting reminders at Legacy Park Gymnasium, the Hathcock Community Center, and the Hal Brady Recreation Complex Gymnasium. We could also make an effort to remind our Bingo and Crafting attendees on the next time that a meeting will take place.

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

None



## Commission Agenda Item

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**MEETING DATE:** April 1, 2025

**SUBJECT:** Approve Meeting Dates for 2025

**PREPARED BY:** John Hansen, Recreation & Culture Assistant Director

**RECOMMENDED ACTION:**

Receive presentation.

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### Summary

Discussing the next meeting dates for 2025.

June 24, 2025 at 4:30 PM

September 23, 2025 at 4:30 PM

December 16, 2025 at 4:30 PM

### FINANCIAL IMPACT

### ADDITIONAL FINANCIAL INFORMATION

### ATTACHMENTS

None