



Good Sports Equipment Grant—Follow up Evaluation

For all of the following questions, please be specific about the program to which you applied.

Date _____

Name _____ Title _____

Organization _____

Street Address: Personal or Organization (please circle) _____

City _____ State _____ Zip _____

Phone _____ Email Address _____

Sport/Program (for which you were granted equipment) _____

Season Start Date _____ Season End Date _____

This program meets _____ times per week (during the season)

Number of youth (currently) in program _____

Did the number of youth in the program change as a result of the equipment grant? Yes No

If yes, by how many? _____

Demographics of youth in Program (please provide the number of youth in each category)

Population	Male	Female
Asian		
Black		
Latino(a)		
White		
Other Populations (please specify)		
Total Number of Youth		

Age of Youth	Male	Female
5-7		
8-10		
11-13		
14-16		
17-18		
Other (please specify)		
Total Number of Youth		

How many youth with disabilities do you serve? _____

Is There a Fee to Participate? Yes No If Yes, How Much?_____

Did your fees change as a result of this grant? Yes No If yes, by how much?_____

Is the cost subsidized for any athletes? Yes No If Yes, What Percentage?_____

As a result of this donation, which of the following were you able to accomplish with your program ? (please check all that apply)

Decrease Program Costs

- Reduce fees for participants
- Ability to subsidize costs for more families
- Take financial pressure off families (to purchase equipment)

Expand Existing Program

- Add additional team(s)
- Add age groups
- Include new geography
- Include new gender
- Reduce size of waiting list
- Increase number of times we meet per week (including practices and games)
- Increase number of games in our schedule
- Extend our season dates
- Add an additional season

Start a New Program

- Expose kids to a new sport or activity
- Reach kids typically not involved or interested in other fitness activities

Enhance Program Experience

- Increase self-worth/esteem of youth
- Increased program value for youth
- Provide safe environment for youth
- Improve retention of youth in program
- Improve credibility of program
- Contribute to sustainability of program

Please share with us a story of how this grant has impacted your organization as a whole or a specific child (please attach or write on back if necessary)

Please include a photo that includes the kids in your program (only if their parents have signed photo release forms with your organization). However, please do not hold up submitting this form in order to include a photo. If not currently available, please send photo separately when available by mail or email at info@goodsports.org

Please return by mail to the following address:

***Good Sports
Bayside Office Center
150 Mt Vernon Street, Suite 2
Dorchester, MA 02125***