



Selection Criteria and Application Process

Deadline: Monday March 23, 2009

Good Sports is a non-profit whose mission is to increase youth participation in sports, recreation and fitness activities. Good Sports provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness and recreational programs to youth in need. Please read the following carefully prior to applying for equipment grant to better understand our criteria and our process.

Is my program eligible for an equipment grant?

- Directly serve youth aged 5-18 years old
- Serve youth in disadvantaged areas
- Good Sports accepts applications on a national level; however, priority will be given to organizations within our target communities, including:
 - Atlanta
 - Chicago
 - Massachusetts (these include Boston, Lawrence, Springfield, New Bedford, Worcester, Fall River, Lowell, Lynn, Brockton, Chicopee, Cambridge, Somerville, Framingham, Haverhill, Chelsea, Fitchburg)
 - Philadelphia
 - Providence
- Demonstrate that an equipment grant would impact the organization in one of the following ways:
- Help to develop a new program
- Increase the number of participants in an existing program
- Decrease the overall cost of the program for youth/families
- Enhance the experience to retain youth in program.
- Operate an organized sport, fitness and/or recreation program (not necessarily competitive), but must have coaching, be structured, and meet on a consistent basis
- Demonstrates significant allocation of sports and/or recreation time
- Equipment for short term events such as many camps and tournaments is not available.
- 501 (c) 3 status not required

What is the process?

- **Submit an application:**
 - Incomplete applications will not be considered—all questions must be answered
 - Please only submit one application per organization
 - Estimates on demographics and budgets will be accepted where specific data may not be available
 - If you feel it is necessary, you may include additional materials in your application
 - Complete one application per program/sport or fitness program
 - You may be asked to participate in phone interview---supporting documentation may be required
 - For confirmation that your application has been received, please email spitter@goodsports.org
- **If chosen for a grant:**
 - You will be required to complete a release form
 - An administrative fee of 10% of the donation value must be submitted along with release form (i.e., an organization receiving a donation of \$1,500 worth of equipment is subject to a \$150 administrative fee)
 - Administrative fee scholarships are available to apply for at the end of equipment grant application
 - You will be required to complete an evaluation form to help Good Sports understand the benefits of the donation to your program.
 - You may be asked to coordinate site visits with Good Sports staff for more in-depth interview/evaluations



Athletic Program Application

Section 1

Date of Submission _____ Organization _____

Sport *(Please provide one application per sport)* _____

Name _____ Title _____

Address: Personal or Organization (please circle) _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email Address _____ Web Site Address _____

Mailing/Shipping Address (NO P.O. BOXES) _____

City _____ State _____ Zip _____

Section 2

Please be as specific as possible when answering the following questions, make estimates where necessary.

Season Start Date _____ Season End Date _____

Number of youth in program _____ How many participated last year? _____

Number of times per week program meets _____ How many games/matches do you play per week (in season)? _____

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

Population	Male	Female	Total
Asian			
African American			
Latino(a)			
White/Caucasian			
Other Populations (please specify)			
Total Number of Youth			

Age of Youth	Male	Female	Total
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? _____

Please list the three primary towns/ neighborhoods that your program serves:

1. _____
2. _____
3. _____

Section 3

How many years has this specific program been in existence? _____

Is there a fee to participate? Yes No If Yes, how much? \$_____per child/per season

Is the cost subsidized for any athletes? Yes No If Yes, what percentage of athletes receive help? ____%

What is the organization budget for the current year? \$_____

Do you pay umpire/referee fees? Yes No If Yes, how much does it cost per umpire per game? \$_____

What organization or resources do you use to get umpires? _____

Please list the number of staff next to each of the following:

Full-time (paid)_____ Part-time (paid)_____ Volunteers_____

Does your organization have a Board of Directors? Yes No

Does your organization have its 501 (c) 3 status? Yes No

Which of the following would you identify as needs for your youth sports league/program?

Circle answer on 1 – 4 scale (1= no need, 4 = major need)

- 1 2 3 4 Kid recruitment
- 1 2 3 4 Organizational support (board, leadership, and program development; strategic planning)
- 1 2 3 4 Equipment
- 1 2 3 4 Working collaboratively with other programs and organizations
- 1 2 3 4 Administration/organization support (i.e. technology, office equipment, supplies, communication, etc.)
- 1 2 3 4 Recruitment, training and retention of staff
- 1 2 3 4 Recruitment, retention and training of volunteers (including coaches education)
- 1 2 3 4 Transportation
- 1 2 3 4 Assessment and outcomes measurement
- 1 2 3 4 Professional liability insurance, CORI/SORI checks or other legal questions
- 1 2 3 4 Engaging and working with parents
- 1 2 3 4 Permitting, fields and facilities
- 1 2 3 4 Fundraising support, sponsorships, marketing and PR
- 1 2 3 4 Other_____

Is there a selection/tryout process for youth participating in your program? Yes No
If yes, approximately how many athletes try out?_____ Approximately how many are selected?_____

Is any equipment provided by the organization given to the youth to keep, or does it stay with the organization? Please explain.

What percentage of your equipment each year needs to be replaced? _____%

What percentage of your equipment each year is lost, stolen, or not returned? _____%

Where do you store your equipment during the season? Is this a locked facility? Please explain.

Where do you store your equipment in the off season? Is this a locked facility? Please explain.

Do you require your coaches/ staff to be CPR certified? Yes No

Are your coaches/ staff involved in regular safety training? Yes No

If yes, what organization / association provides guidelines for this training? _____

Does your program have access to an AED/ defibrillator at all games/ practices? Yes No

Section 4

EQUIPMENT

Please place the number of items you would like to request to the right of the item name:

Soccer Balls: Size 3 _____

 Size 4 _____

 Size 5 _____

Shin Guards: _____

Goalie Gloves: _____

Athletic Shorts:

Adult Sizes (all white)

Small: _____

Medium: _____

Large: _____

X Large: _____

XXL: _____

Jerseys

Youth

Adult

Color	Small	Medium	Large
Lime Green	n/a		
Green			
Royal Blue		n/a	n/a
Orange			
Pink			
Burgundy			
Purple			
Sky Blue			
Yellow			n/a
Teal			
White		n/a	n/a
Silver		n/a	n/a

Small	Medium	Large	XL
	n/a		
n/a	n/a	n/a	
n/a	n/a		n/a
n/a			n/a
		n/a	n/a
		n/a	n/a

Section 5

In order to allow us to understand your equipment priorities, please explain out of the above mentioned items what you consider your major equipment, apparel, and footwear **needs** (i.e. will not be coming from another source) for the upcoming season?

If granted, how would the equipment you request be used? What goals or initiatives will it support? How will this donation be used to increase participation?

Please briefly explain the history of your organization and the specific program for which you have applied.

What impact would this equipment donation make for your program? Please be specific.

Section 6

PROGRAM BUDGET

*The budget for the individual sport/program for which you are applying – NOT the organization as a whole

Revenue	Cost	% of Total
Grants	\$	%
Participant Fees	\$	%
Sponsorship	\$	%
Product or Service Sales	\$	%
Special Events	\$	%
Other	\$	%
Total Revenue:	\$	
Expenses		
Equipment	\$	%
Facilities	\$	%
Referee/Umpire Fees	\$	%
Uniforms	\$	%
Staff (includes part-time staff and coaches)	\$	%
League Fees	\$	%
Transportation	\$	%
Insurance	\$	%
Other	\$	%
Total Expenses:	\$	

Section 7

Which of the following life skills/education components (not including your sports programming) does your organization provide?

- Nutrition/Health
- Violence Prevention
- College Entrance Help (SAT, ACT, applications, etc.)
- Tutoring
- Academic Classes
- Mentoring
- Safety (CPR, First Aid, Lifeguard Certification, etc.)
- Leadership Development
- Character Building

Section 8

Administrative Fee

All grantees are subject to an administrative fee totaling 10% of the value of their donation. The maximum fee is \$1,000. Please check the appropriate box for your organization. A very limited number of scholarships are available to organizations that are unable to afford this fee.

- We are unable to afford an administrative fee of any amount
- We are unable to afford an administrative fee of more than \$ _____
- We do not require a scholarship

If your organization is in need of a scholarship, please explain why in the space below. Feel free to attach a detailed budget or supporting documentation of your financial hardship:

Good Sports will review each **Boston** applicant's profile in BOSTONavigator (www.bostonnavigator.org) to get a more comprehensive look at your organization. If your program is **in the city of Boston** and you have not already done so, please update your organization's information to BOSTONavigator. We will share each applicant's contact information with BOSTONavigator, but it is up to the individual organizations to submit their program and opportunity data. To do so, contact HELP@BOSTONavigator.org or call (617) 345-5322 x170 to get your username and password. If you have already entered your organization's information, please make sure to validate your programs and opportunities to make sure your information is accurate and continue to update your information every six months.

Please return this application by mail, fax, or email to:
Good Sports, Inc
Bayside Office Center, 150 Mt. Vernon Street, Suite 2, Dorchester, MA 02125
(P) 617-282-6125 * (F) 617-249-0618
spitter@goodsports.org
www.goodsports.org