



Selection Criteria and Application Process

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 an equipment grant to better understand our criteria and our process.

Criteria:

- Must directly serve youth aged 5-18 years old
- Must be located and serve youth within Good Sports target communities in Chicago.
- Special consideration will be given to programs that seek to increase participation of youth in inner-city areas and programs that enhance or increase participation of girls.
- 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, and/or enhance the experience to retain youth in program.
- Must be operating an organized sport, fitness and/or recreation program (not necessarily competitive), but must have coaching, be structured, and meet multiple times per week
- Should demonstrate significant dosage of sports and/or recreation time (i.e. programs that meet for a longer duration or multiple times per week will be prioritized over programs that meet minimally)
- We generally do not provide equipment for short term events such as many camps and tournaments, or provide equipment such for recreation rooms; however, fitness equipment, camping/hiking gear and organized social games with a fitness component that meet other criteria will be considered.
- We do not require that your program have 501 (c) 3 status

Process:

- **Submit an application:**
 - Incomplete applications will not be considered—all questions must be answered
 - 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 dlencz@goodsports.org
- **Complete an evaluative questionnaire:**
 - If granted a donation, you will receive an evaluation form to help Good Sports understand how the donation was used and its benefits to your program. A deadline will be associated with the evaluation, and if you fail to complete this in a timely manner, you will not be considered for future equipment grants.
 - You may be asked to coordinate site visits with Good Sports staff for more in-depth interview/evaluations

Timeline:

- Applications are reviewed on a rolling cycle; however, applicants must apply at least 12 weeks prior to the start of their season/program to ensure that evaluations can be made and equipment can be distributed in a timely manner.



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

***If you have requested anything that requires specific sizing, please read the details below the grid and provide detailed sizes on separate piece of paper. Do not submit an application until sizes are available.**
****Color preference will not always be able to be met**

[illegible]

Uniforms:

- Footwear:**

- ### Baseball/Softball:

- Please list game balls or practice balls, and for age group or league (i.e. Babe Ruth, Little League)
- List sizes/weights for bats
- Specify sizes or age groups for catchers equipment

Football:

- Specify sizes for shoulder pads, helmets, footballs

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

Please return this application by mail, fax, or email to:
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