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Create a Data Collector

Data collectors let you create surveys and gather data directly with UpMetrics



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Below is what your Data Collector will look like for your recipients.

2020 National Survey of Nonprofit Sports Programs for Underserved Youth

The purpose of this survey is to quantify, before and during COVID-19, the activities of nonprofits providing sports-based youth development (SBYD) programs to low income/underserved youth -- anyone who qualifies for free or reduced priced Federal School Lunch. Only youth sports programs who have such youth in their programs should

take this survey. All participating organizations' responses will be kept in strict confidence as only total survey results will be released. All participating organizations will receive the complete aggregate survey results. The questionnaire should take about 15 minutes to complete depending on your written responses as most questions are multiple choices. PLEASE NOTE: Once you start you must complete the survey as there is no saving your partially completed survey. Questions about the survey should be addressed to Rob Smith (rob@youthsportscollaborative.org).

First Name *

Last Name *

Organization *

Org URL *

Your Email *

State *

City *

Please identify the youth sports community in the U.S. with which you are affiliated. If more than one listed below, select all that apply. If you are not affiliated with any of those listed below select N/A. *

- ☐ America SCORES
- ☐ Fight for Children
- ☐ Harlem Lacrosse
- ☐ King County Play Equity Coalition
- ☐ Laureus Atlanta
- ☐ Laureus Chicago
- ☐ Laureus New Orleans
- ☐ Laureus NYC
- ☐ PeacePlayers
- ☐ Philadelphia Youth Sports Collaborative
- ☐ Project Play Western NY
- ☐ Soccer for Success - US Soccer Foundation
- ☐ N/A

Questions Prior to COVID-19 Quarantine

The initial set of questions that follow refer to your operations prior to your city/state requiring quarantine due to COVID-19. Following these questions will be a new section

of questions to measure at the time you are taking this survey the Impact of COVID-19 on your program offering and operations.

Please provide the number of youth participating in your Program in the 2018 - 2019 school year. *

Please provide the number of youth participating in your Program in 2019 - 2020 school year before COVID-19 impacted your program *

What grade level are the youth participating in your program (select all that apply) *

- ☐ Pre K
- ☐ Elementary School
- ☐ Middle School
- ☐ High School

Type of youth programs you provide (select all that apply) *

- ☐ Before School
- ☐ During School
- ☐ After School
- ☐ Summer
- ☐ Weekends

Please identify the gender of the youth in your program *

- ☐ Boys Only
- ☐ Girls Only
- ☐ Both Boys and Girls

Please select the racial/ethnic makeup of the youth in your programs. Select all that apply. *

- ☐ Asian'
- ☐ Black or African American
- ☐ Hispanic or Latinx
- ☐ Native American
- ☐ Native Hawaiian or other Pacific Islander
- ☐

- ☐ White
- ☐ Not Sure
- ☐ Prefer Not to Say

What percent of youth in your program qualify for free or reduced school lunch programs? Please select the closest percentage range from the selections below. *

- ☐ 25% or less
- ☐ 26-49%
- ☐ 50 - 75%
- ☐ 76 - 95%
- ☐ 96 - 100%
- ☐ Not Sure

What percent of youth in your program pay no fees to participate? Please select the closest percentage range from the selections below. *

- ☐ 25% or less
- ☐ 26-49%
- ☐ 50 - 75%
- ☐ 76 - 95%

☐ 96 - 100%

☐ Not Sure

Please select the sport(s) you are offering from list below (select all that apply) *

☐ Baseball/Sorftball

☐ Basketball

☐ Football (Flag or Tackle)

☐ Golf

☐ Gymnastics

☐ Ice Hockey

☐ Ice Skating

☐ Lacrosse

☐ Racquet Ball/Squash

☐ Rowing

☐ Rugby

☐ Running

☐ Sking

☐ Soccer

☐ Tennis

☐ Volleyball

☐ Fitness/Organized Play☐ Other

If you selected Fitness/Organized Play or Other, please briefly describe the Fitness/Organized Play or Other activity you are providing.

In addition to providing a sport or fitness activity, what other type of youth development activity are you intentionally providing for the kids in your program (Select all that apply) *

☐ Academics - General Homework Help☐ Academics - Literacy☐ Academics - STEAM☐ Arts☐ Civic Engagement☐ Mentorship☐ College Prep☐ Career/Job Planning☐ Other - Please explain below

☐ Other (Please explain below)☐ None

If you selected other, please briefly describe your other type of youth development.

Where did you provide your programs before COVID-19? (Select all that apply) *

- ☐ At your own site/facility
- ☐ At local schools
- ☐ At public parks/facilities
- ☐ At rented sports fields/facilities
- ☐ At donated privately owned fields/facilities

What are the the zip codes for where your in-person programs are provided? If there are multiple zip codes, please separate each zip code by a comma. If you are unsure or unable to answer, please type in N/A. *

What is the usual duration of the program you are providing to youth over the course of the year (September - August)? Please select one that most closely represents your program period. *

- ☐ 6 Weeks
- ☐ 12 Weeks
- ☐ 18 Weeks
- ☐ 24 Weeks
- ☐ 30 Weeks
- ☐ More than 30 Weeks

What is the amount of time youth spend in your program, both sport and nonsport activity, on a weekly basis? Please select one that most closely represents your program period. *

- ☐ Minimum 60 minutes on 1 weekday
- ☐ Minimum 60 minutes a day 3 days a week
- ☐ Minimum 60 minutes a day 5 days a week
- ☐ Minimum 60 minutes on weekends only
- ☐ Other - Please explain below

Please explain if selected Other.

How do you measure program success as it affects the youth in your program? Check all that apply. *

- ☐ Number of youth in your program
- ☐ Annual growth in the number of youth in your program
- ☐ The number of days per week and weeks per year program offered
- ☐ Measuring improvement in BMI for youth in program
- ☐ Improvement in school attendance for the youth in your program
- ☐ Improvement in academics for the youth in your program
- ☐ Percentage of youth in program advancing to next grade or graduating high school
- ☐ Measuring socio-emotional growth
- ☐ Parent and student satisfaction surveys
- ☐ Other - Please explain below

If selected Other in previous question, please explain.

To whom do you provide your measured success results? Check all that apply. *

- ☐ Board
- ☐ Staff
- ☐ Foundations in Grant Applications
- ☐ Local or State Government Agencies & Elected Officials
- ☐ Volunteers
- ☐ Individual Donors & Supporters
- ☐ Youth in your Programs and Their Parents
- ☐ School Administrators
- ☐ Corporate Supporters
- ☐ Other

If you answered other, please write in who else you provided your measured success information.

What were the sources of funds your organization received in 2019? (Select all that apply) *

- ☐ Board of Directors Donations
- ☐ Local (City/County) Government Grants
- ☐ State Government Grants
- ☐ Federal Government Grants
- ☐ Fundraising Events
- ☐ Receive fees for youth sport services or rental of facility
- ☐ Individual Donations via Email/Social Media/Website Solicitations
- ☐ Individual Donations via Postal Mail Solicitation
- ☐ Individual Donations via Giving Tuesday
- ☐ Foundation Grants
- ☐ Corporate Sponsorships

Before COVID-19, what were your organization's top 3 challenges to take on in 2020? Check only three please. *

- ☐ Maintaining current sources of funding
- ☐ Obtaining new sources of funding
- ☐ Retaining Employees
- ☐ Recruiting New Employees

- ☐ Retaining/Recruiting volunteers
- ☐ Retaining/Recruiting Board Directors
- ☐ Transporting children to and from your program
- ☐ Expanding your programs to include more children
- ☐ Affordable access to fields or facilities
- ☐ Other

If you selected Other or want to explain the 3 challenges you selected, please describe as briefly as you can

Questions on Impact of COVID-19 on your organization

The following set of questions ask about the impact of COVID-19 on your program(s) and operations as of the date you take this survey. Questions will also ask your views/plans for your organization for the rest of 2020.

Please provide as best you can the number of youth who regularly, however you define regularly, participated in your Program in 2019 - 2020 school year after the COVID-19 March quarantine. *

Since the March COVID-19 quarantine till the end of the Spring school year, how did you engage your program's youth? Select all that apply. *

- ☐ Did not engage at all - program shut down for rest of school year
- ☐ Virtual only
- ☐ Reduced in-person
- ☐ Some in-person and some virtual
- ☐ Sent home packets of printed material

Did you offer a program this summer? Select all that apply. *

- ☐ We never offer a summer program.
- ☐ We were unable to offer our usual summer program.
- ☐ Virtual only.
- ☐ Some in person and some virtual.
- ☐ Reduced in-person programming.
- ☐ We offered our usual in-person summer program.
- ☐ Sent home packets of printed material

If virtual was offered during Spring or Summer, please select the type of programming you provided (Select all that apply) *

- ☐ Emails sent to youth participants/parents.
- ☐ Virtual team meetings.
- ☐ One on one calls between coach and program youth
- ☐ Videos
- ☐ Live sessions on social media.
- ☐ Interactive online sessions.
- ☐ Other

We would welcome more detail on the content of your virtual programming, including the limitations of virtual engagement, in the box below.

If you have been providing programs during the post COVID spring semester and/or during the summer, please indicate whether you were able to measure youth engagement for any of the following? Please check below all that apply.

- ☐ Emails sent to youth participants/parents with open and response rates.
- ☐ Virtual team meetings
- ☐ One on one calls between players and their coach
- ☐ Videos
- ☐ Live sessions on social media.
- ☐ Interactive online sessions
- ☐ Packets sent home
- ☐ Other
- ☐ Did not track engagement

Please explain in more detail in the box below how you measured your youth engagement selected above and/or challenges measuring youth engagement.

Has your program applied for the Federal Paycheck Protection Program? Please check the answer that best applies to your organization. *

- ☐ Yes but was turned down for the loan.
- ☐ Yes and received the loan.

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- ☐ Yes, received loan and applying/applied for loan forgiveness.
- ☐ No, we did not apply for the Paycheck Protection Program.

If you did not apply or were turned down for the Paycheck Protection Program, please explain why?

As of the date you are taking this survey, how has your staffing changed since COVID- 19 *

- ☐ No changes, all staff are being paid full salary
- ☐ Staff have been furloughed
- ☐ Staff were furloughed temporarily and brought back
- ☐ Hours of staff have been reduced and pay accordingly
- ☐ Staff have been laid off

If you selected laid off above, please check the percentage of your staff laid off

- ☐ 10% or less

- ☐ 11 - 15%
- ☐ 16 - 20%
- ☐ 21 - 30%
- ☐ 31 - 40%
- ☐ 41 - 50%
- ☐ More than 50%

At the time you are taking this survey, what are your plans for the rest of the year? *

- ☐ Regular in-person sports/fitness programs will be provided
- ☐ In-person sports/fitness activities will be adjusted/limited to ensure proper social distancing.
- ☐ Planning on doing virtual only
- ☐ We will offer both in-person and virtual
- ☐ We have no plans to offer our programs in the fall.

Since the March COVID-19 quarantine, what has been your top 3 challenges your nonprofit organization faces as of August 2020? Check only three please. *

- ☐ Maintaining current sources of funding.
- ☐ Obtaining new sources of funding.
- ☐ Retaining employees

- ☐ Retaining employees.
- ☐ Recruiting new employees.
- ☐ Retaining/recruiting volunteers.
- ☐ Retaining/recruiting Board Directors.
- ☐ Virtually engaging youth in your program.
- ☐ Staying connected with your program's youth.
- ☐ Measuring participation of youth in your virtual/remote program offerings.
- ☐ Providing in-person programs in the Fall if permitted by government..
- ☐ Prevent shutting down our nonprofit.
- ☐ Other

If you selected Other or want to explain the 3 challenges you selected, please briefly describe in this box below

How concerned are with the health and well being for your youth without in-person programs. *

- ☐ Extremely concerned.
- ☐ Very concerned.
- ☐ Somewhat concerned.

- ☐ Not too concerned.
- ☐ Not concerned at all.

At the time you are taking this survey, how concerned are you that your nonprofit will have to permanently close operations by the end of 2020? *

- ☐ Extremely concerned
- ☐ Very concerned
- ☐ Somewhat concerned
- ☐ Not too concerned
- ☐ Not concerned at all

Is there anything else we should know about your organization and the impact of COVID-19 that we have not asked? Please briefly describe in the box below.

Please keep a record of your survey response by Printing or Saving as a PDF before submitting your completed

survey.

By keeping a copy you can compare your answers to the aggregate results of other sports nonprofits throughout the U.S. providing programs to youth from underserved communities.

Thank you for taking the survey. If you have any questions about the survey or the Youth Sports Collaborative Network, please contact Rob Smith (rob@youthsportscollaborative.org).

Help

BACK

UPDATE