Parks & Recreation program evaluation checklist

PROGRAM NAME: _____
DEPARTMENT: _____
PREPARED BY: _____
DATE: _____

Purpose

This checklist shall be completed prior to establishing any new or significantly expanded Parks and Recreation program, activity, event, or service. The purpose is to ensure that recreation services are planned strategically, aligned with community needs, fiscally responsible, and coordinated with other recreation providers whenever practical.

SECTION: 1 COMMUNITY NEED

☐ Identified through a community survey
☐ Requested by residents (e.g survey, feedback)
☐ Supports youth development
☐ Supports seniors
☐ Supports families
☐ Promotes health and wellness
☐ Promotes outdoor recreation
☐ Supports after-school opportunities
☐ Supports tourism or economic vitality
☐ Addresses an unmet community need

Describe the community need:

SECTION: 2 STRATEGIC ALIGNMENT

☐ City Strategic Plan
☐ Financial Sustainability Strategy
☐ City Council Goals
☐ Economic Development Strategy
☐ Community Health & Wellness
☐ Climate Resilience / Outdoor Recreation

Comments:

SECTION: 3 FACILITY UTILIZATION

Will this program utilize City-owned facilities?

☐ C.V. Starr Community Center
☐ Bainbridge Park
☐ Johnson Nature Trail
☐ Otis Johnson Wilderness Park
☐ City Athletic Fields
☐ Other City Park
☐ Highway 20 Property (future)
Facility:

Will the program improve utilization of the facility?
☐ Yes
☐ No

SECTION: 4 COMMUNITY PARTNERS

Have opportunities for collaboration been evaluated?
☐ Mendocino Coast Recreation & Park District
☐ Fort Bragg Unified School District
☐ Mendocino College
☐ Local Nonprofits
☐ Youth Sports Organizations
☐ Tribal Organizations
☐ Local Businesses
☐ Other
Comments:

SECTION: 5 DUPLICATION REVIEW

Is a similar program currently offered?

☐ Yes

☐ No

If yes:

Who currently provides the service?

Staff has determined the proposed program is justified because:

☐ Existing program is full or has waiting lists

☐ Different age group served

☐ Different location

☐ Different time/day

☐ Expands access

☐ Uses City-owned facilities

☐ Responds to community demand

☐ Partnership not available

☐ Supports financial sustainability of City facilities

☐ Other

Explain:

SECTION 6 – FINANCIAL REVIEW

Estimated Annual Cost

$_____

Estimated Annual Revenue

$_____

Expected Cost Recovery

_____ %

Grant opportunities?

☐ Yes

☐ No

Sponsorship opportunities?

☐ Yes

☐ No

Budget available?

☐ Yes

☐ No

SECTION 7 – PUBLIC BENEFIT

The program advances:

☐ Public Health

☐ Youth Development

☐ Senior Wellness

☐ Community Building

☐ Equity & Inclusion

☐ Outdoor Recreation

☐ Tourism

☐ Economic Development

☐ Environmental Stewardship

☐ Lifelong Learning

SECTION 8 – RECOMMENDATION

☐ Approve

☐ Approve with Modifications

☐ Partner with Another Organization

☐ Delay Pending Additional Information

☐ Do Not Proceed

Reason for Recommendation:

SECTION 9 – ANNUAL PERFORMANCE MEASURES

Upon implementation, staff shall annually evaluate:

☐ Participation

☐ Cost Recovery

☐ Community Satisfaction

☐ Wait Lists

☐ Partnerships

☐ Facility Utilization

☐ Regional Participation

☐ Operational Challenges

☐ Financial Sustainability

Recommended changes for next year:

APPROVALS

Prepared By:

Department Director
Date: _____
Reviewed By:

City Manager
Date: _____