

# Strategic Program Plan

City of Denton Parks and Recreation

This form is to be used for initial program planning and is intended to be flexible as program development occurs.

**Program Name:** \_\_\_\_\_ **Service Category:** \_\_\_\_\_

**Division:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Coordinator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Program Determinants:

Research-based need justifies program		Explain how program determinant(s) justifies the need for this new program.
Resident Interest		
Resident Need		
Lack of Community Opportunity Otherwise		
Center/Division/Department Strategic Goals		
Other Organization Strategic Goals/Priorities		
Center/Division Strategic Goals		
Existing successful program		

## Identify Target Group:

Youth, Adult, Senior and age range, gender specific, low-income, cultural, underserved population, adaptive/disability focused, etc.

## Program Description/Details

## SMART Program Goals & Objectives

**GOAL 1:** To increase participation in the community garden by December 2023  
**OBJECTIVE 1:** Based on participant feedback, expand plot sizes to 20ft from 10ft  
**OBJECTIVE 2:**

**GOAL 2:**  
**OBJECTIVE 1:**  
**OBJECTIVE 2:**

## Facility Needs

Room type, size, name, and other needs such as table/chair, A/V, etc.

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City of Denton Parks and Recreation

Program Name: 0

Coordinator: 0

### Marketing Needs

Tier 1 (Meet with Manager & Marketing) - \$50	select add ons	notes
Social Media Posts (2), post both month of		
1 posted a couple weeks leading up to event		
1 posted week of event		
Post to Calendar of events (Facebook, DRC,		
Discover Denton, City of Denton)		
Posted to Newsletter		
Printed fliers		

### Staffing Needs

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### Preliminary Cost / Revenue Analysis

Profit/Loss \$0.00  
% Recovery #DIV/0!

Direct Expense	Cost	Multiplier	Total
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
Marketing Fee (all sessions)	2%	\$0.00	\$0.00
Software Fee (all sessions)	1%	\$0.00	\$0.00
<b>Estimated cost</b>			<b>\$0.00</b>

Revenue/Fee Type	Fee	Multiplier	Total
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
	\$0.00	0	\$0.00
Sponsorships/Donations	\$0.00	0	\$0.00
<b>Estimated Revenue</b>			<b>\$0.00</b>

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Program Name: 0 \_\_\_\_\_

Coordinator: 0 \_\_\_\_\_

## Planning / Brainstorming Sessions to Meet the Target Group

Any initial planning discussions needed (marketing, risk, other departments or divisions, etc.)

## Implementation Plan

General timeline for implementation (1 year out, 6 mo out, 1 mo out, 2 weeks out week of, etc.)

## Evaluation Process (i.e. After Action Report, Quantifiable Measures, Surveys, Cost Recovery...)

How will you evaluate and measure the success of this program

## Explain why you think this would be a good program/event and any potential barriers?

## Manager Review

manager notes: approve with or without changes, delay, deny, signature

## Notes

# Program Determinant Evaluation Form

City of Denton Parks and Recreation Department

Program/Event  
Season

Year

**Program/Event Justification: Please put an "X" by at least one program determinant below and explain how your new program is justified.**

Research-based need justifies program	
Resident Interest	
Resident Need	
Lack of Community Opportunity Otherwise	
Center/Division/Department Strategic Goals	
Other Organization Strategic Goals/Priorities	
Center/Division Strategic Goals	
Existing successful program	

**Program Participation: If the program was held in the previous 12 months, please provide attendance and justification below:**

Program Minimum	
Program Maximum	
Current Participation	
Last Year/Season Participation	
Participation Trend (up/down)	

DOES ATTENDANCE JUSTIFY CONTINUING THE PROGRAM? WHY OR WHY NOT?

**Survey Results**

Number of returned surveys	
% Rating Program Exceeded Expectations	
% Rating Program Met Expectations	
% Rating Program Failed to Meet Expectations	
	Agree/Disagree/NA
% Rating in better physical condition?	
% Rating had fun/enjoyable experience?	
% Rating learned a new skill?	
% Rating gained new knowledge?	
	Exceeds/Meets/Fails
% Rating facility appropriate for program use	
% Rating the facility/equipment clean	
% Rating staff was professional	
% Rating to program offered at a convenient time? Yes	

DO SURVEY RESULTS JUSTIFY CONTINUING THE PROGRAM? IF SO, WHAT IMPROVEMENTS WILL BE MADE?

**Financial Overview: Actual expenses, Budgeted expenses, Actual Revenue, Budgeted Revenue, Does program meet goals?**

Budgeted Expenses		Budgeted Revenue	
Direct Expenses		Actual Revenue	
Service Category		Subsidy Goal	
Actual Subsidy		Meets Goal	

IF PROGRAM DOES NOT MEET SUBSIDY REQUIREMENTS, EXPLAIN WHY AND HOW IT COULD BE IMPROVED.

**CONCLUSION: Please initial by your title if you agree to continue this program.**

Does Recreation Coordinator recommend program continuation/new program?:	
Does Center Supervisor approve program continuation/new program?:	
Does Program Area Manager approve program continuation/new program?:	

Comments:

## Data Lists for Program Planning and Evaluation Forms

Service Categories	Subsidy	Marketing Packages	Marketing Add-Ons	Yes/No
Open Access	100%	<b>Tier 1 (Meet with Manager &amp; Marketing) - \$50</b>	Peach Jar with Schools - \$0	Yes
Community Outreach Services	90-100%	<b>Tier 2 (Meet with Manager &amp; Marketing) - \$80</b>	Post card mailers - \$175 mailing, \$160 for 500 cards	No
Equity Services	85-95%	<b>Tier 3 (Extra large comm. events) - \$1000</b>	A Frames - \$50	With changes
Community Events	50-80%		Yard Signs - \$50	
Drop-in Access	50-75%		Ad Placement in PLAY Guide - \$0	
Enrichment Activities	45-60%		Citizen Connection – Reach out to Erin for pricing	
Beg/Int Activities	45-55%		Resident Update – Reach out to Maria for pricing	
Special Events	40-50%			
Int/Adv/Comp Activities	25-40%			
Rentals	0-30%			
Private/Semi-private Activities	0-20%			
Resale	0% or profit			