

NCAA Special One-Time \$200 Million Revenue Distribution Spending Plan Questionnaire

Instructions:

1. Place a check mark within the box next to the program that best describes the spending of the funds (new program or enhanced program). Choose all that apply.
2. Enter the amount of estimated spend by year for the life of the program. If the institution plans to establish an endowment or quasi-endowment with some or all of the funds provided, enter the value of funds to be placed in endowment within the 2016-17 fiscal year.
3. Please provide clear, concise language when descriptions are required. Typically 2-3 sentences are sufficient.
4. Ensure the "Total Estimated Spend for All Programming" is greater than or equal to "Total Funding from Special One-time Division I Distribution".
5. Schools are encouraged to spend the funds by June 30, 2022. The deadline for expenditure is June 30, 2027.
6. Attach any institutional documents or support that may provide additional information about the planned initiative(s).

Q1 What type of programs will you be funding? (Check all that apply)

- Academic support
- Life skills and career success programs
- Student diversity and inclusion initiatives
- Students health and well-being

Q2 What is the total amount of the one-time Division I distribution you received?

Q3 Will these funds be invested in an endowment or quasi-endowment?

- Yes
- No

Answer If Q3, Yes Is Selected

Q4 Describe your institution's spending policy for the endowment, including spending rate, calculation of funds available for use in operations, and the party responsible for approving/changing the spending policy.

Academic Support

Answer If Q1, Academic support Is Selected

Q5 Please provide details of your academic support plan using the form below. (Mark 'Not Applicable' for programs your institution will not fund through the distribution)

	New Program	Enhanced Program	Not Applicable
Salaries and benefits for academic advisors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic advisory resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tutoring resources.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computers: desktops, laptops and tablets for use in academic advising or tutoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational materials for use in academic advising or tutoring.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify in detail below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Does your academic support spending plan include funding after 2020-21?

- Yes
- No

Q7 Please provide details of the fund allocations of your academic support plan using the form below.

	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Salaries and benefits for academic advisors.											
Academic advisory resources.											
Tutoring resources.											
Computers: desktops, laptops and tablets for use in academic advising or tutoring.											
Educational materials for use in academic advising or tutoring.											
Other (specify in detail below).											

Q9 Provide detailed goals and outcomes of how the institution plans to use dollars for academic support, if applicable. (Typically 2-3 line items are sufficient.)

Q10 If advisors or tutors will be used, is there a goal to provide an estimated number of hours of training or programming for students?

Q11 If advisors or tutors will be used, what is the estimated number of students with access to the programming?

Q12 If advisors or tutors will be used, how many full-time equivalents (FTEs, combining full-time and/or part-time) will be used to provide academic support programming? (Enter as a number, e.g., 1.5)

Q13 If computer equipment was selected above, indicate the approximate number of devices to be purchased.

Q14 If Other was selected above, describe in the space provided.

Life Skills and Career Support

Answer If Q1, Life skills and career success programs Is Selected

Q15 Please provide details of your life skills and career support plan using the form below. (Mark 'Not Applicable' for programs your institution will not fund through the distribution)

	New Program	Enhanced Program	Not Applicable
Salaries and benefits for guidance counselors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial literacy programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Career coaching and job placement services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adversity training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Etiquette training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership development speakers or materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life skills programming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify in detail below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 Does your life skills and career support spending plan include funding after 2020-21?

- Yes
- No

Q17 Please provide details of the fund allocations of your life skills and career support plan using the form below.

	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24	2024 -25	2025 -26	2026 -27
Salaries and benefits for guidance counselors.											
Financial literacy programs.											
Career coaching and job placement services.											
Adversity training.											
Anger management programs.											
Etiquette training.											
Leadership development speakers or materials.											
Life skills programming.											
Other (specify in detail below).											

Q18 Provide detailed goals and outcomes of how the institution plans to use dollars for life skills and career success programs, if applicable. (Typically 2-3 line items are sufficient.)

Q19 If facilitators or trainers will be used, is there a goal to provide a estimated number of hours of training or programming for students?

Q20 If facilitators or trainers will be used, what is the estimated number of students with access to the programming?

Q21 If facilitators or trainers will be used, how many full-time equivalents (FTEs, combining full-time and/or part-time) will be used to provide life skills and career success programming? (Enter as a number, e.g., 1.5)

Q22 If Other was selected above, describe in the space provided.

Student Diversity and Inclusion

Answer If Q1, Student diversity and inclusion initiatives Is Selected

Q23 Please provide details of your diversity and inclusion initiative using the form below. (Mark 'Not Applicable' for programs your institution will not fund through the distribution)

	New Program	Enhanced Program	Not Applicable
Student attendance at equity or inclusion focused education or professional development event.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Campus equity or inclusion workshops for students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creative presentations to raise awareness of equity or inclusion issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural competency coaching.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Events to encourage women and ethnic minorities to pursue careers in athletics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guest speaker(s) on equity or inclusion topics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internship programs for female or ethnic minority students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service or mentoring activities with a focus on equity or inclusion awareness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student retreat focusing on equity and inclusion issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify in detail below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 Does your diversity and inclusion spending plan include funding after 2020-21?

- Yes
- No

Q25 Please provide details of the fund allocations of your diversity and inclusion initiative using the form below.

	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24	2024 -25	2025 -26	2026 -27
Student attendance at equity or inclusion focused education or professional development event.											
Campus equity or inclusion workshops for students.											
Creative presentations to raise awareness of equity or inclusion issues.											
Cultural competency coaching.											
Events to encourage women and ethnic minorities to pursue careers in athletics.											
Guest speaker(s) on equity or inclusion topics.											
Internship programs for female or ethnic minority students.											
Service or mentoring activities with a focus on equity or inclusion awareness.											
Student retreat focusing on equity and inclusion issues.											
Other (specify in detail below).											

Q26 Provide detailed goals and outcomes of how the institution plans to use dollars for diversity and inclusion initiatives, if applicable. (Typically 2-3 line items are sufficient.)

Q27 If facilitators or trainers will be used, is there a goal to provide a estimated number of hours of training or programming for students?

Q28 If facilitators or trainers will be used, what is the estimated number of students with access to the programming?

Q29 If facilitators or trainers will be used, how many full-time equivalents (FTEs, combining full-time and/or part-time) will be used to provide diversity and inclusion programming? (Enter as a number, e.g., 1.5)

Q30 How long will the internship be and within what department of athletics?

Q31 If Other was selected above, describe in the space provided.

Answer If Q1, Students health and well-being Is Selected

Health and Well-Being

Q32 Please provide details of your health and well-being initiative using the form below. (Mark 'Not Applicable' for programs your institution will not fund through the distribution)

	New Program	Enhanced Program	Not Applicable
Medical, dental or vision insurance premiums for students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical, dental or vision expenses for students (not covered by another insurance program for students).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other expenses related to attendance (up to full cost of attendance).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fueling stations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salaries and benefits for mental health counselors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse prevention programs and/or speakers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concussions education (e.g., Impact Program).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and safety educational materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy relationships/sexual health and abuse education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional/diet information materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to nutritionist or nutrition education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Portable AED units.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	New Program	Enhanced Program	Not Applicable
Rest/recovery education.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session for staff or students: identify signs or symptoms of depression.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment by sports psychologist for stress management, anxiety, burnout and life balance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical equipment for rehabilitation and/or recovery (department only).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify in detail below).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33 Does your health and well-being spending plan include funding after 2020-21?

- Yes
- No

Q34 Please provide details of the fund allocations of your health and well-being initiative using the form below.

	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24	2024 -25	2025 -26	2026 -27
Medical, dental or vision insurance premiums for students.											
Medical, dental or vision expenses for students (not covered by another insurance program for students).											
Other expenses related to attendance (up to full cost of attendance).											
Nutritional needs.											
Fueling stations.											
Mental health programs.											
Salaries and benefits for mental health counselors.											
Alcohol abuse prevention programs and/or speakers.											
Concussions education (e.g., Impact Program).											
Health and safety educational materials.											
Healthy relationships/sexual health and abuse education.											
Nutritional/diet information materials.											
Access to nutritionist or nutrition education.											
Portable AED units.											

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	2016 -17	2017 -18	2018 -19	2019 -20	2020 -21	2021 -22	2022 -23	2023 -24	2024 -25	2025 -26	2026 -27
Rest/recovery education.											
Session for staff or students: identify signs or symptoms of depression.											
Treatment by sports psychologist for stress management, anxiety, burnout and life balance.											
Medical equipment for rehabilitation and/or recovery (department only).											
Other (specify in detail below).											

Q35 Provide detailed goals and outcomes of how the institution plans to use dollars for student health and well-being, if applicable. (Typically 2-3 line items are sufficient.)

Q36 If facilitators or trainers will be used, is there a goal to provide an estimated number of hours of training or programming for students?

Q37 If facilitators or trainers will be used, what is the estimated number of students with access to the programming?

Q38 If facilitators or trainers will be used, how many full-time equivalents (FTEs, combining full-time and/or part-time) will be used to provide health and well-being programming? (Enter as a number, e.g., 1.5)

Q39 If cost of attendance, indicate the number of students receiving this type aid.

Q40 If AED units, indicate the approximate number of devices to be purchased.

Q41 If the equipment listed above was purchased to assist in the rehabilitation and/or recovery of injured students indicate the approximate number of items and description of each.

Q42 If Other was selected above, describe in the space provided.

Q43 This is the total estimated spending you have entered: *[Automatically calculated in the survey]*

Q44 Will your accounting system be able to segregate and track the spend in these categories for audit purposes?

- Yes
- No
- Not Applicable

Q45 If funding positions, how will you track the time and effort of individuals performing this work?

Q46 What controls will you have in place to ensure the funds are used in accordance with the plan presented above?

Q47 For auditing purposes, what controls will you have in place to ensure the proper storage of invoices or supporting documentation? (note: documents should be retained for a 10 year period for auditing purposes which may exceed your institution's current document retention policy.)

Q48 How will the institution measure the success of the program?