

Program Proposal Form

Contact Information

Business Name: _____ Date of request: _____

Main Contact: _____

Business Owner: _____

Street Address: _____

City, State, Zip _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Fax: _____

E-Mail: _____ Website: _____

Program Details

Program Title: _____

Program Description: _____

Age of Participants:

- | | | |
|---|---|---|
| <input type="checkbox"/> Preschool (Ages 3-5) | <input type="checkbox"/> Youth (Ages 5-11) | <input type="checkbox"/> Pre-Teen (Ages 11-13) |
| <input type="checkbox"/> Teen (Ages 12-18) | <input type="checkbox"/> Adult (Ages 18 & up) | <input type="checkbox"/> Seniors (Ages 60 & up) |
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Other (specify): _____ | |

Facility Requested:

- | | | | |
|--------------------------------------|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Nature Nook | <input type="checkbox"/> Smith House | <input type="checkbox"/> Shelter | <input type="checkbox"/> Fire Circle |
| <input type="checkbox"/> Park/Field | <input type="checkbox"/> Court | <input type="checkbox"/> Other (specify): _____ | |

Program Length:

Classes/Sessions _____ # Days/Week _____ # Hours/Class _____

Suggested day(s) and time the program should meet: _____

Second choice of day(s) and time: _____

Recommended minimum number of participants: _____ Maximum number of participants: _____

Program Details *(continued)*

Requested contractor compensation *(Negotiated based on specific facilities, equipment, supplies, and park district support needed for proper program function.)*

Please list the benefits that this program will provide to its participants.

- 1) _____
- 2) _____
- 3) _____

Please provide an outline or lesson plan that gives specific details for the program including activities planned and skills needed.

(if more space is needed, attach additional pages)

What can be done to adapt this program to persons with disabilities: _____

Equipment and Supplies

What equipment and/or supplies will be provided by the contractor? *(The contractor is responsible for ensuring that all non-park district equipment and supplies used for the program meets current safety and industry standards/guidelines and is in proper working condition.)*

What equipment and/or supplies will the Centerville-Washington Park District need to provide for this program *(including tables, chairs, audio-visual equipment, screens, hoops, goals, etc.)?*

What will the participants be required to bring? And in the case of special program materials, how much does each item cost? *(include required clothing, program materials, lunch, water, etc.)*

Safety and Emergency Factors

List any safety, health, and risk factors for this program and how this information will be presented to participants.

Instructor Qualifications

Please list qualifications, certifications, and experience that makes the instructor qualified to lead this program.

Is the instructor certified in any of the following? First Aid CPR AED

References

Please give references of organizations where you have offered this program (or similar programs if this is a new program) in the past two years.

Organization: _____

Contact Person & Title: _____

Phone: _____ E-mail: _____

Program Title: _____

Month & Year Program Was Last Offered: _____

Organization: _____

Contact Person & Title: _____

Phone: _____ E-mail: _____

Program Title: _____

Month & Year Program Was Last Offered: _____

Verification of Information Statement

I agree that the statements and information provided in this document are true and correct. I will notify the Centerville-Washington Park District in writing of any changes to information in this document. I understand that I may need to provide verification of information/certifications mentioned in this document.

I also understand that in certain situations, contractors may be subject to one or more of the following background checks:

- State of Ohio and/or FBI criminal background checks
- Reference checks
- Insurable driving record checks

Signature: _____ Date: _____