

Program Proposal Form

Contact Information

Business Name: _____ Date of request: _____

Main Contact: _____

Business Owner: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____ Secondary Phone: _____

Email: _____ Website: _____

Program Details

Program Title: _____

Program Description: _____

Age of Participants:

- Preschool (Ages 3-5) Youth (Ages 5-11) Pre-Teen (Ages 11-13)
 Teen (Ages 12-18) Adult (Ages 18 & up) Seniors (Ages 60 & up)
 All Ages Other (specify): _____

Facility Requested:

- Nature Nook Smith House Shelter (please specify) HQ Community Room
 Park/Field (please specify) Pickleball Court Tennis Court (please specify) Fire Circle (please specify)
 Other/Specify: _____

Program Length:

Class sessions _____ # Days/Week _____ # Hours/Class(es) _____

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)*

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:

Worth of Service

Please indicate the total amount that the instructor/company needs to receive at the end of the program in order to justify the contracted instructor's time *(You may list either a flat rate amount, per program hour rate, or a per participant rate)*.

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.

List any prior knowledge or required skills for this program that participants will need to know/have to safely participate 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

Please give references of organizations where you have offered this program (or similar programs if this is a new program). *We reserve the right to contact these organizations for additional information on the program if needed.*

Organization/Business: _____

Program Title: _____

Contact Person & Title: _____

Phone: _____ Month & Year Program Was Last Offered: _____

Organization/Business: _____

Program Title: _____

Contact Person & Title: _____

Phone: _____ Month & Year Program Was Last Offered: _____

Organization/Business: _____

Program Title: _____

Contact Person & Title: _____

Phone: _____ Month & Year Program Was Last Offered: _____

Community Need for Program

Please list other organizations/providers of this/similar programs or other locations where you instruct this program within Centerville/Washington Township.

Organization Name: _____ Phone: _____

Summary of Same/Similar Program: _____

Organization Name: _____ Phone: _____

Summary of Same/Similar Program: _____

Organization Name: _____ Phone: _____

Summary of Same/Similar Program: _____

Verification of Information Statement

All Contracted Instructors must follow all CWPDP park rules and regulations. Rules and regulations can be found and reviewed at <https://www.cwpd.org/parks/rules/>

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: _____