

# Cary Park District - Program Proposal Form

## CONTACT INFORMATION

Business Name: \_\_\_\_\_

Main Representative Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

## PROGRAM DETAILS

Program Title: \_\_\_\_\_

### 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: _____         |   |

### Facility Needed:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Multi-purpose Room  | <input type="checkbox"/> Fitness/Dance Room | <input type="checkbox"/> Swimming Pool |
| <input type="checkbox"/> Outdoor Sport Court | <input type="checkbox"/> Park/Field         | <input type="checkbox"/> Other: _____  |

### Length of Program:

What brochure season are you looking to introduce this program?

- |  |  |
|--|--|
| <input type="checkbox"/> Summer (June-August)        | <input type="checkbox"/> Fall (September-December) |
| <input type="checkbox"/> Winter/Spring (January-May) | <input type="checkbox"/> Other: _____              |

How many times will this program meet in one session? \_\_\_\_\_

How many days per week will this program meet? \_\_\_\_\_

How long will each class be? \_\_\_\_\_

**Suggested day(s) of the week** and time the program should meet: \_\_\_\_\_

Second Choice of day(s) and time: \_\_\_\_\_

Third Choice of day(s) and time: \_\_\_\_\_

Recommended Minimum/Maximum Number of Participants: \_\_\_\_\_

What is the requested rate of pay for the instructor/business for this program? (Is the fee per hour, per participant, flat rate, etc.) \_\_\_\_\_

## PROGRAM DESCRIPTION

Please provide a brief description to be used in flyers and brochures:

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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

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**(If more space is needed, attach additional pages or use the back of this form.)**

What can be done to adapt this program to persons with disabilities? \_\_\_\_\_

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### **EQUIPMENT & SUPPLIES**

What equipment and/or supplies will be provided by the instructor/contractor?  
*(All equipment & supplies used for the program must meet current safety & industry standards and guidelines and be in proper working condition.)*

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

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Will the participant be required to bring anything? In the case of special program materials, how much does each item cost?

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### **SAFETY & EMERGENCY FACTORS**

To provide the best possible experience for the participant, an awareness of potential hazards & and risks is required. List any safety, health, and risk factors for this program and how this information will be presented to participants.

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If this is to be held outside, what action will be taken in case of inclement weather?

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### **INSTRUCTOR QUALIFICATIONS**

Contractors/instructors are responsible for ensuring that all instructors have and maintain the appropriate qualifications and certification for program success and safety. Please list qualifications, certifications, and experience that makes the instructor qualified to lead this program.

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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) in the past two years.

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Month & Year Program Was Offered: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Month & Year Program Was Offered: \_\_\_\_\_

### **VERIFICATION OF INFORMATION STATEMENT**

I agree that the statements and information provided in this document are true and correct. I will notify the Cary Park District in writing of any changes to information in this document. I understand that I may need to provide verification of information and certifications mentioned in this document. I also understand that in certain situations, instructors/contractors **may** be subject to one or more of the following background checks:

- 1) Illinois State and/or FBI criminal background checks
- 2) Past employment reference checks
- 3) Insurable driving record checks
- 4) Current Illinois State Driver's License/Endorsement check

*(If your program is selected, your administrator will clarify any questions on these.)*

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**(Applicant Signature)**

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**(Date)**