PROGRAM PROPOSAL FORM

<u>Program Proposals may be mailed/emailed to:</u>

Avon Recreation and Parks Department, 60 West Main Street Avon, CT 06001 / sroccapriore@avonct.gov

Application does not guarantee acceptance. We will contact you if we are going forward with your proposal and determine whether you will be hired as an independent contractor or an employee. All proposals need to be filled out completely to be considered.

Fall Program proposal must be submitted no later than July 1.
Winter/Spring Program proposal must be submitted no later than November 1.
Summer Program proposal must be submitted no later than March 1.

Instructor/Company Information

First and Last Name:_____   Date:_____

Company Name (if applicable):_____

Address:_____

Email:_____   Phone:_____   Website:_____

Who will be instructing the program?	☐ Myself	☐ Staff	☐ Myself + Staff
Do you background check your staff?*	☐ Yes	☐ No	☐ N/A
Do you carry liability insurance?	☐ Yes	☐ No	
Do you have a LLC?	☐ Yes	☐ No	

Instructor/Company Bio (Please list all education, certifications, and experience relevant to the proposed program):

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Please list two references:

Name:	_____	_____
Title/Company:	_____	_____
Phone:	_____	_____
Email:	_____	_____

*Please note that background checks are required for anyone that will be assisting with the program. If you do not background check your staff, the Avon Recreation and Parks Department will run background checks on your behalf and will invoice you $20.00 per background check.

Program Title:_____

Have you taught this program before?   ☐ Yes ☐ No   If so, where?_____

Detailed Program Description for Brochure:

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Lesson Plan (What can participants expect will be covered in each session):

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Location or Type of Space Needed: _____

Equipment Needed: _____

What do participants need to bring/wear? _____

Age/Grade Range of Participants: _____

Min # of Participants: _____   Max # of Participants: _____

Day(s) Preference: _____

Date(s) Preference:_____

Exclusion Dates (No Class On): _____

Time Preference: _____

Program Length (# of days/weeks): _____

Desired Rate of Pay* (rate is subject to negotiation): $_____   ☐ Per Student   ☐ Per Class

_____

* Please note that we will add administrative costs