

# PROGRAM PROPOSAL FORM

Program Proposals may be mailed/emailed to:

Avon Recreation and Parks Department, 60 West Main Street Avon, CT 06001 / [lkiesewetter@avonct.gov](mailto:lkiesewetter@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.

Winter/Spring Program proposals must be submitted no later than October 11, 2024.

Summer Program proposals must be submitted no later than February 10, 2025.

## 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):

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 Information

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

Have you taught this program before?  Yes  No If so, where? \_\_\_\_\_

Detailed Program Description for Brochure:

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

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

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\* Please note that we will add administrative costs