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: ________________________________________________________________

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: ________________________________________________________

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: _____________________________
___________________________________________________________________________________
___________________________________________________________________________________

Age of Participants:

Facility Needed:

__ preschool (ages 3-5)
__ Youth (ages 5-11)
__ Pre-Teen (ages 11-12)
__ Teen (ages 12 & 18)
__ Adult (ages 18 & up)
__ Seniors (ages 60 & up)
__ All Ages
__ Other _______________

__ Multi-Purpose Room
__ Fitness/Dance Room
__ Beach/Lake
__ Outdoor Sport Court
__ Park/Field
Other: _________________

Length of Program:

What brochure season are you looking to introduce this program?

__ Summer (June-August)
__ Fall (September-December)
__ Winter/Spring (January-May)
__ Other __________________

Age of Participants:_________

Facility Needed: _______________

Length of Program: __________________
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.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

(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?

___________________________________________________________________________________
___________________________________________________________________________________

Equipment and 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.)

___________________________________________________________________________________
___________________________________________________________________________________

What equipment and/or supplies will the Crystal lake Park District need to provide for this program?

___________________________________________________________________________________

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

Safety and 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. _________________________________________________________________

___________________________________________________________________________________

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

___________________________________________________________________________________

Instructor Qualifications

Contractors/instructors are responsible for ensuring all instructors have and maintain the appropriate qualifications and certification for program success and safety. Please list qualification, 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) in the past two years.

Organization: ________________________________________________________________________

Contact Person & Title: ________________________________________________________________________

Phone: _________________________ E-Mail Address: _________________________

Month & Year Program was Offered: ________________________________________________________________________

Organization: ________________________________________________________________________

Contact Person & Title: ________________________________________________________________________

Phone: _________________________ E-Mail Address: _________________________

Month & Year Program was Offered: ________________________________________________________________________

Verification of Information Statement

I agree the statements and information provided in this document are true and correct. I will notify the Crystal Lake Park District in writing of any changes to information in this document. I understand I may need to provide verification of information and certifications mentioned in this document. I also understand 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.)

_________________________                                    ___________________
(Applicant Signature)                                                                     (Date)

Please complete and return this form:

Kim Buscemi
Superintendent of Recreation
Crystal Lake Park District
One East Crystal Lake Avenue
Crystal Lake, IL 60014
www.crystallakeparks.org
Phone: (815) 459-0680, Ext. 217

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