



Public Parks and Recreation Program Proposal Form

Please fill out boxes as completely as possible. When finished, "Save As" to your computer and name the file appropriately. Attach to an email and return to dschapaugh@andoverks.com or print and fill by hand and return to:

City of Andover
Parks and Recreation
1609 E Central Ave
Andover, KS 67002

INSTRUCTOR/CONTRACTOR INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Additional Phone: _____ Email: _____

Website: _____

Are you an established businesses? Yes No

Business/DBA Name: _____

Who is authorized to bind your business in a contract?

Name: _____ Title: _____

Does your business carry liability insurance? Yes No How much: _____

Are you offering this program elsewhere? Yes No Where: _____

List ways this program will be promoted: _____

CERTIFICATIONS/LICENSES:

Title: _____ Issue/Expiration: _____ Description: _____

Title: _____ Issue/Expiration: _____ Description: _____

Title: _____ Issue/Expiration: _____ Description: _____

REFERENCES:

Name: _____ Organization/Title: _____ Phone Number: _____

Name: _____ Organization/Title: _____ Phone Number: _____

Name: _____ Organization/Title: _____ Phone Number: _____

PROGRAM SPECIFICS:

Program Title: _____

Proposed program location/facility: _____

Program description: (the description should sell the customer on your program. Be descriptive and accurate while explaining what is offered. Limit to about 100 words. Attach additional sheets as necessary.) _____

Program Goals/Benefits for Participants: _____

Prerequisites: (knowledge or skills the participant needs prior to enrollment) _____

Additional Information: (Information the participant needs to know prior to enrollment, e.g. supplies to bring, how to dress) _____

Safety and Emergency Factors: (To ensure the best possible experience for the participant, an awareness of potential hazards is required. List all safety and risk factors.) _____

Requested Day(s) of the Week (check any that apply.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Class Date(s): _____
Start: _____ End: _____
Start: _____ End: _____
Start: _____ End: _____
Start: _____ End: _____

Class Time(s): _____
Start: _____ End: _____
Start: _____ End: _____
Start: _____ End: _____
Start: _____ End: _____

Total Time Requested: _____
Length of one meeting: _____ hrs
of classes per week: _____
of weeks per month: _____
Total hours: _____

Participant requirements

Minimum number: _____ Maximum number: _____ Minimum age or grade: _____ Maximum age or grade: _____

Facility needs and/or meeting location: _____

Equipment needs: _____

What you will provide: _____

What you expect Parks and Rec to provide: _____

Fee information

Proposed cost per participant: (your desired instruction fee plus percentage to city. For example, with a 75/25 split, \$100 per student results in \$75 to instructor and \$25 to the city.)

Additional costs: (e.g.: supply costs paid to contractor, admission, and/or meal costs if not included in registration fee.)

Questions or comments: _____

Submitted by: _____ Date submitted: _____

OFFICE USE ONLY:

Received by: _____ Date: _____ Reviewed by: _____ Date: _____
Status: _____ Instructor: _____ Rental: _____ Declined: _____
Reason: _____ Cost Recovery: _____
Fit with master plan program needs: _____ Minimum registration #: _____ Civic Rec: _____