



An IAPD/IPRA Distinguished Agency

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:

- 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 _____

Facility Needed:

- 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 _____

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: _____

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
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Crystal Lake, IL 60014
www.crystallakeparks.org
Phone: (815) 459-0680, Ext. 217