Mokena Community Park District
Program Proposal

CONTACT INFORMATION

Business Name: _____

Main Representative Name: _____

Business Owner Name: _____

Address: _____ City, ST, Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

PROGRAM DETAILS

Program Title: _____

Age of participants:

     ___ Tot (Ages 1-3)   ___ Preschool (Ages 3-5)   ___ Youth (Ages 5-11)

     ___ Teen (Ages 12-18)   ___ Adult (Ages 18 & up)   ___ Seniors (Ages 60 & up)

     ___ All Ages   ___ Other: _____

Facility Needed:

     ___ Multi-purpose room   ___ Fitness/Dance Room   ___ Gym

     ___Outdoor Court   ___ Park/Field   ___ Tennis Courts

     ___ Other: _____

Program Length:

# of Classes/Sessions? _____   #Days/Weeks? _____   #Hours/Class? _____

Suggested days and times the program should meet: _____

Second choice of day(s) and time: _____

Recommended Minimum Number of Students: _____   Maximum Number of Students: _____

Requested rate of pay for the contractor for this program? _____

(May be negotiated based on the specific facilities, equipment, supplies, and support that the Park District must provide the contractor for the class to run properly.)

PROGRAM DESCRIPTION

Please provide a brief description to be used on flyers and brochures:

_____

_____

_____

Please list the benefits this program will provide to its participants:

1) _____

2) _____

3) _____

Please provide an outline or 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 back of this form.)

_____

_____

_____

_____

_____

_____

_____

_____

EQUIPMENT AND SUPPLIES

What equipment and/or supplies will be provided by the contractor? (The contractor is responsible for ensuring that all non-park district equipment and supplies used for the program meet current safety and industry standards/guidelines and is in proper working order.)

_____

_____

What equipment and/or supplies will the Mokena Community Park District need to provide for this program (including tables, chairs, AV equipment, screens, hoops, goals, etc.)?

_____

_____

What will the participants be required to bring? And in the case of special program materials, how much does each item cost? (Include required clothing, program materials, lunch, water, etc.)

_____

_____

SAFETY AND EMERGENCY FACTORS

To provide the best possible experience for the participant, an awareness of potential hazards and risks is required. The instructor is responsible for informing the Mokena Community Park District and the participants of risks involved with participation and/or use of equipment and supplies. List any safety, health, and risk factors for this program and how this information will be presented to the participants.

_____

_____

If this class is to take place outdoors, what action will be taken in the case of inclement weather?

_____

_____

INSTRUCTOR QUALIFICATIONS

Contractors are responsible for ensuring that all instructors have and maintain the appropriate qualifications and certifications for program success and safety. Please list qualifications, certifications, and experience that makes the instructor qualified to lead this program:

_____

_____

_____

Is the instructor certified in any of the following? (please check all that apply)

        ___ First Aid   ___ CPR   ___ AED

REFERENCES

Please give references of organizations where you have offered this program (or similar programs if this is a new program) in the past two years.

Organization: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Month and Year program was last offered: _____

Organization: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Month and Year program was last offered: _____

Organization: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Month and Year program was last offered: _____

VERIFICATION OF INFORMATION STATEMENT

I agree that the statements and information provided in this document are true and correct. I will notify the Mokena Community Park District in writing of any changes to information in this document. I understand that I may need to provide verification of information/certifications mentioned in this document.

I also understand that in certain situations, contractors may be subject to one of the following background checks:
- Illinois State and/or FBI criminal background checks
- Reference checks
- Insurable driving record checks
- Current Illinois State Driver's License/Endorsement check
  (If your program is selected, your Program Supervisor will clarify any questions on these.)

_____   _____

Signature   *Date*