

# Program Proposal: Doylestown Township Parks & Recreation

Title of the Program: \_\_\_\_\_

Which category would this program apply under?

**Ages 3-5 Years: Preschool**  
**Ages 18 and Over: Adult**

**Ages 6-17 Years: Youth**  
**Ages 65 and Over: Senior**

- Virtual
- Green Scene
- Enrichment
- Explore the Arts
- Sports and Wellness

Description of program to be used in the program guide and/or website - 100 words maximum:

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Preferred start date: \_\_\_\_\_ Preferred end date: \_\_\_\_\_

Session length (weeks): \_\_\_\_\_

**Preferred Meeting Days** (specify 1st, 2nd and 3rd choice):

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

**If you would like to offer multiple sessions you must leave a week in between sessions for inclement weather and/or makeup dates.**

How many times per week would you like the class to meet?  1  2  3  4  5

What time would you like the class to start? \_\_\_\_\_  AM  PM

How time would you like each class to end? \_\_\_\_\_  AM  PM

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## Participation

Minimum number of participants in order to run the program? \_\_\_\_\_

Maximum number of participants you would like to instruct? \_\_\_\_\_

## Fees / Payment

What fee would you recommend as the primary fee for this program? \_\_\_\_\_

Note: The Program Provider will be paid a **percentage of this fee**. Non-resident fees will be determined by the P&R Dept. and will not be calculated as part of the provider's payment.

- 70% - contractor must provide all necessary equipment and supplies (indoor or outdoor) \*
- 60% - If P&R Dept. provides any equipment/supplies, storage, special set-up \*

*\* Subject to change at township discretion as a result of extenuating circumstances and/or supplemental direct/indirect costs incurred by the township (equipment, printing, power, etc.)*

## Receipt Notes

Are there any notes you would like printed on the receipt at time of registration?  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

## Program Provider / Instructor Information:

Contact Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (cell) \_\_\_\_\_

Related Experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Please respond to each of the following:**

I understand I may be required to provide proof of current background check and/or child supervision clearances as required and accept this responsibility.  Yes  No

I understand that I may be required to provide a current certificate of insurance naming Doylestown Township as an “additional insured” and accept this responsibility.  Yes  No

I understand that I will not be considered a regular employee of Doylestown Township, but shall be considered an independent program provider and, as such, will *not be entitled any benefits afforded to regular wage employees* including (but not limited to) insurance, sick leave, vacation, workers compensation or any other employee benefits given to regular wage employees of the township and accept this responsibility.  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## NEW PROGRAM CHECKLIST (Staff use ONLY)

- Maintenance Memo (Activity Center ONLY)
- Completed Proposal
- Activity Code
- LOA with Program Description em. \_\_\_\_\_
- Completed W9
- Signed Child Abuse/ Covid Compliance
- Signed LOA
- Submit a current Certificate of Insurance naming Doylestown *Township as additional insured*
- AC Door Code (if applicable)
- myrec account \_\_\_\_\_ make instructor \_\_\_\_\_