PROGRAM PROPOSAL FORM

Thank you for your interest in partnering with Doylestown Township Parks & Recreation! Please complete one form for each program and email it to Melissa Flemming at mflemming@doylestownpa.org by the deadline for the season you would like to offer it.

Proposal deadlines: Summer – January 29 • Fall – May 14 • Winter/Spring – August 16

Contact Information

Name _____ Organization _____

Email _____ Phone _____

Website / Social Media Handles _____

MyRec Account Email _____

Additional Instructors *(each instructor needs their own MyRec account)*

Name _____ MyRec Account Email _____

Name _____ MyRec Account Email _____

Program Information

Program Title _____ Participant Age Range _____

Skill Level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ All Levels

Program Category

☐ Sports & Wellness ☐ Enrichment ☐ Trips & Tours ☐ Canine ☐ Special Event

☐ Other _____

Program Description

Please write 75–150 words describing what participants will do and learn, and why they'll enjoy it for use in the Program Guide and website; attach if needed.

What Participants Should Bring or Wear _____

☐ At least one high-quality program photo is attached (required for promotion)

Please send a clear JPG or PNG photo, ideally horizontal. Only include photos you have permission to use, including permission from anyone pictured.

Schedule & Location

Community Recreation Center (CRC) hours: Monday 9:00 AM – 4:30 PM | Tuesday – Thursday 9:00 AM – 9:30 PM | Friday 9:00 AM – 5:00 PM | Saturday 8:30 AM – 1:30 PM | Sunday Closed

All dates, times, and spaces are subject to availability. Parks & Recreation will confirm your final schedule. Please avoid Township holidays and CRC closures when choosing dates; we'll share the current closure calendar on request.

Program Type ☐ One-time ☐ Multi-week session ☐ Ongoing/recurring

Preferred Start Date _____ Preferred End Date _____

Day(s) of the Week _____ Preferred Time _____

Session Length (in weeks) _____ Number of Classes _____

Alternate Days/Times (if first choice is unavailable) _____

Make-up / Snow Date(s) (required for multi-week programs) _____

Preferred Location

☐ CRC – Multi-Purpose Room ☐ CRC – Lyons Gymnasium ☐ CRC – Thompson Family Patio

☐ Outdoor Courts / Fields ☐ Virtual

☐ Other _____

Setup & Equipment Needs

☐ Tables (#____) ☐ Chairs (#____) ☐ Screen (HDMI) ☐ Wi-Fi ☐ Electricity (outdoor) ☐ Storage space

☐ Other _____

Enrollment & Fees

Minimum Number of Participants Required to Run the Program _____

Maximum Number of Participants _____

Program Provider's Fee per Participant $ _____

This is the amount you will be paid for each registered participant.

How fees work: Parks & Recreation adds an administrative fee to your Program Provider's Fee to cover facility use, registration, marketing, and processing. Both fees are combined into a single participant fee, split 70% to the Program Provider and 30% to Doylestown Township.

Example: If your fee is $70 per participant, the resident participant fee will be $100: $70 to you and $30 to the Township.

Non-resident participants pay an additional $10, which is retained by the Township.

Are any materials, supplies, or uniforms included in your fee? ☐ Yes ☐ No

If yes, please list: _____

Invoicing: Invoice Parks & Recreation for your share (your fee × the number of registered participants) as soon as your program ends, or after the first class for ongoing programs.

Required Documents

If your proposal is approved, you will need to provide the following documents. All must be on file and current before your program begins:

☐ Completed and up-to-date W-9

☐ Certificate of Insurance naming “Doylestown Township” as additional insured

☐ Child Supervision and Compliance Affirmation Form

☐ Signed Program Provider & Instructor Requirements acknowledgment

☐ Signed Letter of Agreement

Please Initial to Acknowledge

_____1. I understand that, if my proposal is approved, I must provide a completed Child Supervision and Compliance Affirmation Form.

_____2. I understand that, if my proposal is approved, I must provide a current Certificate of Insurance naming Doylestown Township as an “additional insured,” and I accept this responsibility.

_____3. I understand that, if my proposal is approved, I must provide a completed and up-to-date W-9 form. I understand I am responsible for any taxes on payments I receive, and that Doylestown Township may issue a Form 1099 if applicable.

_____4. I understand that I will not be considered a regular employee of Doylestown Township, but rather an independent program provider. As such, I will not be entitled to employee benefits including (but not limited to) insurance, sick leave, vacation, workers’ compensation, or other benefits provided to regular employees.

_____5. I have read the Program Provider & Instructor Requirements and agree to follow them, including the participant communication, class cancellation, and program promotion requirements.

Signature	Printed Name	Date

Office Use Only

Date Received _____ Season _____

Approved: ☐ Yes ☐ No COI on file: ☐ Affirmation Form on file: ☐ MyRec account linked: ☐

Notes _____