

**Park District of Oak Park
Program Proposal Form**

CONTACT INFORMATION

Business Name: _____

Main Representative Name: _____

Business Owner Name: _____

Address: _____ City, State, ZIP: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

PROGRAM DETAILS

Program Title: _____

Age of Participants:

- | | | |
|---|---|---|
| <input type="checkbox"/> Preschool (Ages 3-5) | <input type="checkbox"/> Youth (Ages 5-11) | <input type="checkbox"/> Pre-Teen (Ages 11-13) |
| <input type="checkbox"/> Teen (Ages 12-18) | <input type="checkbox"/> Adult (Ages 18 & up) | <input type="checkbox"/> Seniors (Ages 60 & up) |
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Other: _____ | |

Facility Needed:

- | | | |
|--|---|--|
| <input type="checkbox"/> Multi-purpose Room | <input type="checkbox"/> Fitness/Dance Room | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Sports Arena | <input type="checkbox"/> Ice Rink |
| <input type="checkbox"/> Outdoor Sport Court | <input type="checkbox"/> Park/Field | <input type="checkbox"/> Commercial Facility |
| <input type="checkbox"/> Other: _____ | | |

Length of Program:

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: _____

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

What is the requested rate of pay for the instructor/business for this program? _____

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) _____
- 4) _____

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 the back of this form.)

What can be done to adapt this program to persons with disabilities?

EQUIPMENT & SUPPLIES

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

What equipment and/or supplies will the Park District of Oak Park need to provide for this program (including tables, chairs, audio-visual equipment, screens, 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 & 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 Park District of Oak Park 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 participants.

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

INSTRUCTOR QUALIFICATIONS

Contractors/instructors are responsible for ensuring that all instructors have and maintain the appropriate qualifications and certification 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 & Title: _____

Phone: _____ E-mail: _____

Month & Year Program Was Offered: _____

Organization: _____

Contact Person & Title: _____

Phone: _____ E-mail: _____

Month & Year Program Was Offered: _____

Organization: _____

Contact Person & Title: _____

Phone: _____ E-mail: _____

Month & Year Program Was Offered: _____

VERIFICATION OF INFORMATION STATEMENT

I agree that the statements and information provided in this document are true and correct. I will notify the Park District of Oak Park 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, 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)