



Program Proposal Form

Business Details

Business Name: _____

Main Representative Name: _____

Business Owner Name: _____

Address: _____ City, State, Zip: _____

Phone Number: _____ E-mail Address: _____

Website: _____

Program Details

Program Title: _____

Age Range: _____ Facility Needed: _____

Program Length: _____

Number of classes per session: _____ Number of days per week: _____

Number of hours per class: _____ Suggested day/time of program: _____

Minimum participants needed: _____ Maximum number of participants: _____

Requested rate of pay for the contractor: _____

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

Program Description

Please give a description of the program to be used for marketing material:

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

- 1) _____
- 2) _____
- 3) _____

Please provide a lesson plan that gives specific details for the program including activities/drills as well as the skills that are targeted in each activity/drill.

Equipment & 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 meets current safety and industry standards/guidelines and is in proper working condition.)*

What equipment and/or supplies will the Oak Brook Park District need to provide for this program *(including tables, chairs, audio-visual equipment, screens, hoops, goals, etc.)?*

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

Safety & Emergency Factors

Please list any safety, health and risk factors for this program and how this information will be presented to the participants.

If this class is held outside, what is your inclement weather plan?

Instructor Qualifications

Independent 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 (*please include if they are certified in CPR/AED/First Aid*).

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: _____ Email: _____

Month & year program was last offered: _____

Organization: _____

Contact person & title: _____

Phone: _____ Email: _____

Month & year program was last offered: _____

Organization: _____

Contact person & title: _____

Phone: _____ Email: _____

Month & 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 Oak Brook 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 or more 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

Signature

Date