



**TRANSYLVANIA COUNTY
PARKS AND RECREATION**

Transylvania County Parks & Recreation

Program Proposal Form

Click in the gray boxes and type, or click on the box to “check.” When finished, “Save as” onto your computer and name appropriately; then attach to an email to return. Or print and fill out by hand and return to the Parks & Recreation Office located at 1078 Ecusta Rd, Brevard, NC 28712.

Instructor/Contractor Information

Name:	Day Phone:	Eve Phone:
Address:		City/State/Zip:
Email Address:		
Are you established as a business? <input type="checkbox"/> No <input type="checkbox"/> Yes Business Name:		
Who is authorized to bind your business in a contract?		
Name:		Title:

Does your business carry liability insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes How much?
Are you offering this program anywhere else? <input type="checkbox"/> No <input type="checkbox"/> Yes Where?
Tell us what makes you the best choice to provide this program?
List the ways that you will promote this program:

Certifications/Licenses: List all that are related to this program proposal. (Please attach copies)

Title	Issue Date	Expiration Date	Brief Description

References:

Name	Position	Organization	Phone/Email

Program Specifics

Program Title (The title should catch the audience's attention, be descriptive, but brief.)

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Program Description (The description should sell the customer on your program. Be descriptive and accurate explaining the program to be offered. Limit description to approximately 70 words.)

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Suggested day(s) of the week: Mon Tues Wed Thu Fri Sat Sun

Session: 1st Qtr (Jan-Mar) 2nd Qtr (Apr-Jun) 3rd Qtr (Jul-Sep) 4th Qtr (Oct- Dec)

If class repeats in a session list all dates (e.g. repeats monthly).

Class Date/s: Start End

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Class Date/s: Start End

Class time: Start End

Length of single meeting: hours

How many times does the class meet?
(e.g.: once a week for 4 weeks)

Total hours:

Participants numbers:

Minimum Maximum

Participants Ages:

Minimum Maximum

Facility needs and/or meeting location:

Equipment needs:

What will you provide?

Fee information

Cost per participant:

Your desired instruction fee plus percentage to County. e.g.: at a 70/30 split - \$100 per student fee results in \$70 to instructor, \$30 to the County

Additional costs:

e.g. supply cost paid to contractor, admission and/or meal costs if not included in registration fee

Program Goals/Benefits for participants

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Prerequisites: Knowledge or skills the participant needs to have prior to enrolling in this class.

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Additional Information: Information the participant needs to know prior to attending the class, e.g. supplies to bring, how to dress, or to bring a sack lunch.

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Safety and Emergency Factors: To ensure the best possible experience for the participant, an awareness of potential hazards is required. List all safety and risk factors.

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