

Program Proposal Worksheet

Parks, Recreation & Libraries

Proposals are subject to approval by the Parks, Recreation & Libraries Department. Do not assume that your program will be offered until you are notified by a supervisor.

Season:

Fall (Sept-Dec)

Winter/Spring (Jan-May)

Summer (Jun-Aug)

Program: _____

Submitted by: _____

Program Goals/Objectives (list a minimum of 3 specific objectives)

Program Description: (limit 2-3 sentence description)

Days	Start Date	End Date	# of classes/ weeks	Time	Min Age	Max Age	Min Enrolled	Max Enrolled

No class dates: _____

Fees

Suggested program cost per participant: \$ _____

Department makes final cost determination.

What you expect to be paid per participant: \$ _____

Pertains to the fee that you expect to receive for each participant in the program.

Material fees:

Yes Amount? \$ _____ No, all materials are provided

If collecting a material fee, what will be purchased? _____

Material fees cannot exceed the cost of supplies. Receipts must be provided to your supervisor at the end of each program.

Parent participation program:

Yes

No



Program Information

Daily class outline:

Participant reminders:

(This refers to text printed on the customer's receipt. We cannot guarantee that students will receive this information.)

Instructor to participant ratio: _____

Facility Information

Is the City of Roseville providing the facility/park site for your program? Yes No

If the program is in a City facility/park site, indicate what your needs are below:

- | | |
|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> chairs (quantity: _____) |
| <input type="checkbox"/> Gym | <input type="checkbox"/> tables (quantity: _____) |
| <input type="checkbox"/> Outdoors/turf | <input type="checkbox"/> stage area |
| <input type="checkbox"/> Outdoors/softball field | <input type="checkbox"/> white board |

Instructors are required to do their own set-up and clean-up of the facility/park site.

For program facilities not provided by the City of Roseville, please list the address and phone number:

_____ Phone: _____

Additional facility/park site information for supervisor:

Certifications

CPR/AED certification current (expiration date: _____)

First Aid certification current (expiration date: _____)

All instructors must have a current certification. Copies of all certifications must be on file with your supervisor.

Insurance expiration date: _____

Contact Information

Name: _____

Address: _____

Phone: _____

E-mail: _____

Web Site: _____

For office use only

- | | |
|--|--|
| <input type="checkbox"/> Facility reserved/spreadsheet | <input type="checkbox"/> Confirmation text added |
| <input type="checkbox"/> ACTIVE input | <input type="checkbox"/> Alert text: _____ |