

# PROGRAM PROPOSAL FORM

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Program Proposals may be mailed/emailed to:

Avon Recreation and Parks Department  
60 West Main Street  
Avon, CT 06001  
[avonrec@avonct.gov](mailto:avonrec@avonct.gov)

Proposals are considered for review based on factors including but not limited to community demand, existing courses, and potential for cost recovery. Application does not guarantee acceptance. We will contact you if we are going forward with your proposal. All proposals need to be filled out completely to be considered.

## Contractor/Vendor Information

Contractor/Vendor Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phones (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email (1): \_\_\_\_\_ Email (2): \_\_\_\_\_ Website: \_\_\_\_\_

Please list all education, certifications, and experience relevant as it pertains to becoming an instructor for the Recreation and Parks Department.

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**Please list two references:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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\*Please note that background checks are required for anyone that will be assisting with the program. You are required to provide proof that the background checks have been completed prior to the start of the program.

**Fall Program proposal must be submitted no later than July 1.**

**Winter/Spring Program proposal must be submitted no later than November 1.**

**Summer Program proposal must be submitted no later than March 1.**

## **Proposed Class Information**

(Describe proposed class information here)

Proposed Class Title: \_\_\_\_\_

Have you taught this class before?      Yes or No      If so, where? \_\_\_\_\_

Detailed Class Description (this is what will appear in the brochure): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have pictures please submit them. (Must be in a JPEG format)

Please provide a class lesson plan (What can participants expect will be covered in each session):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Length (Number of days and or/weeks): \_\_\_\_\_

Time Preference (Morning/Afternoon/Evening): \_\_\_\_\_

Program Day Preference: \_\_\_\_\_

Program Date(s) Preference: \_\_\_\_\_

No Class on: \_\_\_\_\_

Min #of participants: \_\_\_\_\_ Max# of participants per session/class: \_\_\_\_\_

Age/Grade requirements: \_\_\_\_\_ to \_\_\_\_\_

Type of Venue (Space needed to hold class and any equipment needed): \_\_\_\_\_

\_\_\_\_\_

What does the student need to wear or bring to class? \_\_\_\_\_

List your desired rate of pay for instructing this program\* (rate is subject to negotiation): \_\_\_\_\_

Please note that your rate of pay is intended to cover all of your expenses including your compensation, your staff compensation and supplies.

Please indicate if your compensation is per class or per student: \_\_\_\_\_

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\* Please note that we will add administrative costs.

Do you carry liability insurance? Yes or No