



## PROGRAM PROPOSAL FORM

Program Title \_\_\_\_\_ Participant Age Range \_\_\_\_\_

Program Description (for use in Program Guide and/or Website)

(Attach, if needed)

Preferred Start Date \_\_\_\_\_ Preferred End Date \_\_\_\_\_

Session Length (in Weeks) \_\_\_\_\_ Preferred Time \_\_\_\_\_

Minimum Number of Participants Required to Run the Program \_\_\_\_\_

Maximum Number of Participants \_\_\_\_\_

Fee Requested per Participant (Program Provider's Fee)

*Note: Doylestown Township Parks and Recreation Department will add its own fee to cover room reservation, and other administrative costs. Both fees will be combined into a single fee presented to participants. Program Providers will invoice Doylestown Township Parks & Recreation for their portion of the total payment.*

### CONTACT INFORMATION

Name \_\_\_\_\_ Email \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Please Initial to Acknowledge:

- \_\_\_\_\_ 1. Program provider will not run a similar program in nearby townships during the same month as this proposed program.
- \_\_\_\_\_ 2. I understand I may be required to provide proof of current background checks and/or child supervision clearances and accept this responsibility.
- \_\_\_\_\_ 3. I understand that I may be required to provide a current Certificate of Insurance naming Doylestown Township as an "additional insured" and accept this responsibility.
- \_\_\_\_\_ 4. I understand that I will not be considered a regular employee of Doylestown Township, but rather an independent program provider. As such, I will not be entitled to employee benefits including (but not limited to) insurance, sick leave, vacation, workers' compensation, or other benefits provided to regular employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_