

# PROGRAM PROPOSAL FORM



Thank you for your interest in partnering with Doylestown Township Parks & Recreation! Please complete one form for each program and email it to Melissa Flemming at [mflemming@doylestownpa.org](mailto:mflemming@doylestownpa.org) by the deadline for the season you would like to offer it.

**Proposal deadlines:** Summer – January 29 • Fall – May 14 • Winter/Spring – August 16

## Contact Information

Name \_\_\_\_\_ Organization \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Website / Social Media Handles \_\_\_\_\_

MyRec Account Email \_\_\_\_\_

Additional Instructors (each instructor needs their own MyRec account)

Name \_\_\_\_\_ MyRec Account Email \_\_\_\_\_

Name \_\_\_\_\_ MyRec Account Email \_\_\_\_\_

## Program Information

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

Skill Level: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ All Levels

Program Category

☐ Sports & Wellness ☐ Enrichment ☐ Trips & Tours ☐ Canine ☐ Special Event

☐ Other \_\_\_\_\_

Program Description

Please write 75–150 words describing what participants will do and learn, and why they'll enjoy it for use in the Program Guide and website; attach if needed.

What Participants Should Bring or Wear \_\_\_\_\_

☐ At least one high-quality program photo is attached (required for promotion)

Please send a clear JPG or PNG photo, ideally horizontal. Only include photos you have permission to use, including permission from anyone pictured.

### Schedule & Location

Community Recreation Center (CRC) hours: Monday 9:00 AM – 4:30 PM | Tuesday – Thursday 9:00 AM – 9:30 PM | Friday 9:00 AM – 5:00 PM | Saturday 8:30 AM – 1:30 PM | Sunday Closed

*All dates, times, and spaces are subject to availability. Parks & Recreation will confirm your final schedule. Please avoid Township holidays and CRC closures when choosing dates; we'll share the current closure calendar on request.*

Program Type ☐ One-time ☐ Multi-week session ☐ Ongoing/recurring

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

Day(s) of the Week \_\_\_\_\_ Preferred Time \_\_\_\_\_

Session Length (in weeks) \_\_\_\_\_ Number of Classes \_\_\_\_\_

Alternate Days/Times (if first choice is unavailable) \_\_\_\_\_

Make-up / Snow Date(s) (required for multi-week programs) \_\_\_\_\_

Preferred Location

☐ CRC – Multi-Purpose Room ☐ CRC – Lyons Gymnasium ☐ CRC – Thompson Family Patio

☐ Outdoor Courts / Fields ☐ Virtual

☐ Other \_\_\_\_\_

Setup & Equipment Needs

☐ Tables (#\_\_\_\_) ☐ Chairs (#\_\_\_\_) ☐ Screen (HDMI) ☐ Wi-Fi ☐ Electricity (outdoor) ☐ Storage space

☐ Other \_\_\_\_\_

### Enrollment & Fees

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

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

Program Provider's Fee per Participant \$ \_\_\_\_\_

*This is the amount you will be paid for each registered participant.*

How fees work: Parks & Recreation adds an administrative fee to your Program Provider's Fee to cover facility use, registration, marketing, and processing. Both fees are combined into a single participant fee, split 70% to the Program Provider and 30% to Doylestown Township.

Example: If your fee is \$70 per participant, the resident participant fee will be \$100: \$70 to you and \$30 to the Township.

Non-resident participants pay an additional \$10, which is retained by the Township.

Are any materials, supplies, or uniforms included in your fee? ☐ Yes ☐ No

If yes, please list: \_\_\_\_\_

Invoicing: Invoice Parks & Recreation for your share (your fee × the number of registered participants) as soon as your program ends, or after the first class for ongoing programs.

### Required Documents

If your proposal is approved, you will need to provide the following documents. All must be on file and current before your program begins:

- ☐ Completed and up-to-date W-9
- ☐ Certificate of Insurance naming "Doylestown Township" as additional insured
- ☐ Child Supervision and Compliance Affirmation Form
- ☐ Signed Program Provider & Instructor Requirements acknowledgment
- ☐ Signed Letter of Agreement

### Please Initial to Acknowledge

- \_\_\_\_\_ 1. I understand that, if my proposal is approved, I must provide a completed Child Supervision and Compliance Affirmation Form.
- \_\_\_\_\_ 2. I understand that, if my proposal is approved, I must provide a current Certificate of Insurance naming Doylestown Township as an "additional insured," and I accept this responsibility.
- \_\_\_\_\_ 3. I understand that, if my proposal is approved, I must provide a completed and up-to-date W-9 form. I understand I am responsible for any taxes on payments I receive, and that Doylestown Township may issue a Form 1099 if applicable.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 5. I have read the Program Provider & Instructor Requirements and agree to follow them, including the participant communication, class cancellation, and program promotion requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

### Office Use Only

Date Received \_\_\_\_\_ Season \_\_\_\_\_

Approved: ☐ Yes ☐ No      COI on file: ☐      Affirmation Form on file: ☐      MyRec account linked: ☐

Notes \_\_\_\_\_