



Program Proposal

Company/Organization Name: _____ Phone: _____

Email: _____ Address: _____

Contact Person: _____ Phone: _____

Email: _____ Website: _____

Title of Class: _____

Age Range (Circle One): Youth (0-17yrs) Adult (18+) Senior (60+ only) Family (All Ages)

Course offerings are mutually agreed upon by CONTRACTOR and CITY based on facility location and CONTRACTOR availability. Please list your preferred location, date, time below.

Day(s): _____ Time Start: _____ Time End: _____ # of Mtgs: _____

Course Duration (1 day, 1 month, session, etc.): _____ # of Days per Week: _____

Minimum Participants: _____ Maximum Participants: _____ Age Range: _____

FEES- 70 (CONTRACTOR)/30 (CITY) split. Course Fee: \$_____ Additional Fees: \$_____

Preferred Location: _____ Facility Requirements: _____

*Course Description (50 words or less) _____

Special Information: Material provided or Supplies to bring, etc. for brochure description

Program Focus: _____

Program Goals: _____

Benefits of course: *"As a result of their participation and experience in this program, participants will be able to..."*

1. _____
2. _____
3. _____

Qualifications: Please list previous experience in providing this type of service.

List other qualifications, certifications, and/or training that may lead LPRD to contract with you for this service (please attach any pertinent certifications or information to this packet):

References: Please list two references who are familiar with your abilities and qualifications:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Program Evaluation (For internal use only.)

Facility Requirements: _____

Needs to Address: _____

Staffing Needs: _____

Personnel Costs: _____ Program Costs: _____ Operational Costs: _____

Growth Opportunity: _____