



Thank you for your interest in offering a program through the Doylestown Township Parks and Recreation Department (DTP&R). In order to become a program provider, you must complete and submit a Program Proposal Form describing the class, activity or program that you would like to offer/instruct. The following information and policies will help you to complete the Program Proposal Form.

Definition of Program Provider / Independent Contractor

All program providers/instructors are set up on a mutual agreement basis. The program provider will not be considered a regular employee of Doylestown Township, but shall be considered an independent contractor and as such will not be entitled to insurance, sick leave, vacation, workers compensation or any other employee benefits given to regular wage employees of the Township.

Responsibilities of the Contractor

The program provider is responsible for outlining all details of the program they wish to instruct using the Program Proposal Form, which must then be submitted for consideration. The Program Coordinator and/or Parks & Recreation Director will assist the program provider to ensure that all details are finalized and to coordinate availability and scheduling. For additional information please review our Instructor Policy.

Minimum Qualifications

The program provider must be at least 18 years of age and have at least one year of experience directly related to the program they wish to implement. In addition, they must be in compliance with PA Child Protective Services Law and PA Department of Human Services mandated clearances and/or training. More information can be found at <http://keepkidssafe.pa.gov>. A criminal background check may be required prior to the implementation of your program. The Township can run this check for the program provider at a fee of \$25.

Program Registration & Waivers

DTP&R performs all program registrations. Participants must pay in full at the time of registration and are required to sign a waiver that releases Doylestown Township from all liability. Instructors may be required, at any time, to submit a current certificate of insurance naming Doylestown Township as an additional insured.

Fees & Instructor Payment

Our goal is to provide an array of programs that provide affordable and experiential opportunities as a service to the community. Pricing proposals should be presented so as to provide an incentive and not be cost-prohibitive.

DTP&R charges a resident and non-resident rate. Non-resident fees, usually \$10-\$15 over the per participant fee set by the program provider, will be set and retained by DTP&R. Program providers are paid a pre-determined percentage of the per participant fee. The percentage of this fee will be multiplied by the total number of participants enrolled in the program in order to determine the amount to be paid to the program provider. Please take this policy into consideration when determining the per participant class fee.

Instructor percentages are determined as follows:

70% - No equipment, supplies or setup required by/from the Township

60% - Requires equipment, supplies and/or setup by the Township (A separate fee may be added by the Township to cover purchase of program specific supplies if requested by an instructor.)

Example: If the per participant fee is set as \$50 for a class and 6 people are enrolled, the instructor would be paid as follows: \$50 x 0.70 = \$35, \$35 x 6 participants = \$210

Program Marketing & Promotion

DTP&R reserves the right to modify program narratives/details for marketing and/or formatting purposes. All marketing and promotional materials must be created based on guidelines specified by DTP&R. As part of the mutual agreement, programs are promoted using some or all of the following avenues:

- **Program Providers:** It is understood that the program provider will employ any means at their disposal to assist in the promotion of the program(s) and enrollment efforts. In our experience, programs tend to have greatest success when the program provider is actively involved in promotion.

- **Seasonal Program Guides:** DTP&R distributes three seasonal program guides (Winter/Spring, Summer and Fall). Each guide includes all activities, programs, leagues and events offered by the department. The Program Coordinator and/or Parks & Recreation Director will contact all current program providers regarding proposal deadlines before each guide is compiled and printed.
- **Township P&R Website:** www.doylestownrec.com provides information about the department, its facilities and programs and is the registration site for all programs. Changes, corrections, special events and other important notices are updated regularly on the site as well. This includes programs not available at time of printing, programs needing a boost in registration and/or those events that the department chooses to emphasize. The seasonal program guide can also be downloaded from the site.
- **Social Media:** DTP&R posts regularly via the Township's Facebook and Twitter pages. Programs are posted in a timely manner and in order to boost registrations.
- **Flyers:** All marketing and promotional materials must be created based on guidelines specified by DTP&R. Flyers are posted by DTP&R on kiosks in the parks and other pertinent locations as possible. Any flyers submitted by the program provider will be reviewed and approved prior to posting. The Program Coordinator and/or Parks & Recreation Director may assist in the creation of flyers/posters.
- **Photographs:** DTP&R staff may take photographs and/or video of programs for future promotional purposes. We will also gladly accept and consider any photographs or logos associated with the program to be used in promotional materials.
- **Press Releases:** The Program Coordinator periodically submits press releases to local media regarding program registration openings, special events, etc. The township does not have control over what the news media chooses to cover/post.

Other Information to Consider

Popularity: Classes often take time to gain popularity. Details about a program may need to be adjusted to help increase enrollment. No changes will be made to the program without the program provider's consent.

Americans with Disabilities Act (ADA): Doylestown Township strictly adheres to the Americans with Disabilities Act standards and requirements. In particular, reasonable accommodations must be made for anyone to participate in any program offered at its facilities. If a participant requests assistance to participate in a program, the Program Coordinator and/or Parks & Recreation Director will work with the program provider to coordinate this assistance.

Solicitation: Under no circumstance can program providers use programs to sell products or services, excluding class supplies; or use any program as a means to solicit private business.

Questions: If you have any questions regarding our policies or the Program Proposal Form please contact us via phone at (215) 348-9915 or email at info@doylestownpa.org

Submission: Once you have completed the proposal form, please forward it via one of the methods below. DTP&R staff will contact you upon reviewing your submission.

Email: Kaitlyn Finley, Program Coordinator - kfinley@doylestownpa.org

Fax: (215) 348-8729

Mail: Doylestown Township Parks & Recreation
425 Wells Road
Doylestown, PA 18901

PROGRAM PROPOSAL FORM—DOYLESTOWN TOWNSHIP PARKS & RECREATION

Return completed form to: Doylestown Township Parks & Recreation, 425 Wells Rd., Doylestown, PA 18901 or to Kaitlyn Finley, Program Coordinator at kfinley@doylestownpa.org.

Title of the Program: _____

Please select a category.

Ages 3-5 Years

- Preschool Arts
- Preschool Enrichment
- Preschool Sports & Wellness

Ages 6-12 Years

- Youth Arts
- Youth Enrichment
- Youth Sports & Wellness

Ages 13-18 Years

- Tween/Teen Arts
- Tween/Teen Enrichment
- Tween/Teen Sports & Wellness

Ages 18 & Over

- Adult Arts
- Adult Enrichment
- Adult Sports & Wellness

Ages 18 & Over

- Senior Adult Arts
- Senior Adult Enrichment
- Senior Adult Sports & Wellness

Across the Ages

- Arts _____ to _____ yrs.
- Enrichment _____ to _____ yrs.
- Sports & Wellness _____ to _____ yrs.

Description to be used for Program Guide, website, etc. - 100 words maximum:

Preferred Season:

Winter/Spring Session

- Mid January - May

Summer Session

- Mid June - August

Fall Session

- Mid September - December

Preferred Facility Type:

- Indoor**

- Outdoor**

- Pavilion

- Field Space

Type _____

Any notes about set up or tear down for the program: _____

Preferred Meeting Days (specify 1st, 2nd and 3rd choice):

- Monday ____ Tuesday ____ Wednesday ____
 Thursday ____ Friday ____ Saturday ____
 Sunday ____

Suggested Dates: _____

If you would like to offer multiple sessions of this activity, which would you prefer?

- Week break in between sessions
 Continue each session back-to-back

How many times per week would you like the class to meet? 1 2 3 4 5

What time would you like the class to start? _____ AM PM

How long would you like each class to last? _____ Minutes Hours

Participation

Minimum age for participation: _____ yrs. Maximum age for participation: _____ yrs.

Minimum number of participants required in order to run the program: _____

Maximum number of participants you would like to instruct: _____

Fees / Payment

What fee would you recommend as the per participant fee for this program? _____

Note: The program provider will be paid a **percentage of this fee**. Additional non-resident fees will be determined by DTP&R and will not be calculated as part of the provider's payment. Please review the **Fees & Instructor Payment** section on Page 1 of the Program Proposal Guidelines.

Receipt Notes

Are there any notes you would like printed on the receipt at time of registration? Yes No

Program Provider / Instructor Information:

Contact Name _____

Instructor Name (If other than yourself) _____

Instructor Contact Email _____ Phone _____

Organization (If applicable) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone (cell) _____

Phone (home) _____ Phone (work) _____

Present Employer _____ Occupation _____

Related Experience _____

Qualifications / Certifications _____

References (3) _____

Please respond to each of the following:

I understand I may be required to provide proof of current criminal background check and/or child supervision clearances as required and accept this responsibility. Yes No

I understand that I may be required to provide current certificate of insurance naming Doylestown Township as an "additional insured" and accept this responsibility. Yes No

I understand that I will not be considered a regular employee of Doylestown Township, but shall be considered an independent program provider and, as such, will not be entitled to any benefits afforded to regular wage employees including (but not limited to) insurance, sick leave, vacation, workers compensation or any other employee benefits given to regular wage employees of the township and accept this responsibility. Yes No

Signature _____ Date _____