



CORPORATE CONTRACTOR PROPOSAL FORM

For Office Use Only	
Date Received: _____	Received By: _____

Section I - General Information

Roanoke Parks and Recreation continually searches for new partnerships, courses and instructors. If you have a particular talent or skill that you would like to teach others and make a little extra money at the same time, complete and submit this form. We facilitate programs and services throughout the year in four (4) programming seasons. Each season runs three (3) months with some overlap between each season. The duration of each program varies depending on the subject and intensity. Some programs are scheduled to meet once a week for six weeks while others last only a day. While there are professionals on staff that can lend their expertise, the program is yours to create. Staff will assist you in determining the length, demographic, location, and fee. Proposal submissions are reviewed by Roanoke Parks and Recreation staff. If your proposal is accepted, you will be contacted by a Recreation Coordinator or Recreation Supervisor to schedule a time to come in and discuss the proposal. If your proposal is not selected, a staff member will contact you in writing. Contract or part-time hire options are available. Objectives for the program along with a Logic Model must be completed and submitted along with your application. Within 10 days of the conclusion of the program, an Activity Report must be completed and submitted.

Payment for services can be handled one of two ways. If you intend on collecting registration fees, you must pay the Department a minimum of \$200 per month, per park/facility for the month(s) you conduct your program. If the Department collects the fees, you will be paid no more than 80% of gross revenues. Exact amounts will be negotiated and agreed upon based on the current number of like programs offered and the associated number of contractors. Contractors must be licensed to do business with the City of Roanoke and must carry adequate liability insurance.

Section II - Applicant Information

Name: _____ Email: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

General Qualifications (use additional sheets, if necessary): _____

Applicable Certifications: _____

Section III - Program/Service Information

Proposed Program Date(s): _____ Application Submittal Date: _____

Proposed Program Name: _____ Type of Program: _____

Minimum Number of Participants: _____ Maximum Number of Participants: _____

Proposed Location(s): _____ Proposed Age Range: _____

Participant Registration: Contractor - Gross Revenue Percentage: _____ Department - Flat Monthly Fee: _____

Brief Program Description (use additional sheets, if necessary): _____

For Office Use Only Authorized Signatures and Work Flow	
Recreation Supervisor: _____	Date: _____
Recreation Coordinator: _____	Date: _____
Recreation Manager: _____	Date: _____
Director: _____	Date: _____