

# CITY OF LONG BEACH



## *Request for Proposals for Recreation Programs*

### **CITY COUNCIL**

John Bendo, President  
Karen McInnis, Vice-President  
Michael A. Delury  
Scott J. Mandel  
Elizabeth M. Treston

### **CITY MANAGER**

Donna M. Gayden

### **CORPORATION COUNSEL**

Simone M. Freeman, Esq.

### *Purchasing Department*

City Hall • 1 West Chester Street • Long Beach, New York 11561  
(516) 431-1006 (P)

Purchasing@longbeachny.gov • [www.longbeachny.gov](http://www.longbeachny.gov)

**IMPORTANT NOTE TO POTENTIAL PROPOSERS:** Receipt of these RFP documents does not indicate that the City of Long Beach (the “City”) has pre-determined your company's qualifications to receive a contract award. Such determination will be made after the review of Proposals received and will be based on our evaluation of your submission compared to the specific requirements and qualifications contained in these bid documents.

### **NOTICE TO PROPOSERS**

**SEALED REQUESTS FOR PROPOSALS** will be received by the Purchasing Department of the City, **on the 12<sup>th</sup> day of November, 2020, at 10:00 a.m.** (the “Submission Date”), or as extended, for:

## **Recreation Programs**

Proposals may be mailed or delivered to the Purchasing Department, 1 West Chester Street, Room 509, Long Beach, New York 11561, provided the Proposal is actually received by the Purchasing Department prior to the Submission Date.

All Proposals must be sealed and submitted in an envelope clearly marked “***Recreation Programs Proposal***”.

All PROPOSERS MUST complete the required Bidder’s Disclosure Statement, Non-Collusion Declaration, and must provide a copy of the required Statement of Financial Conditions, even if a Proposer is currently executing work for the City.

The City reserves the absolute right to reject any and all Proposals, and to waive any informalities therein.

A Proposal submitted by a Proposer who is not in full compliance with the provisions of the City Charter and Code of Ordinances at the time of submission will be denied.

The City will not accept Proposals from, nor award an agreement to, anyone who cannot prove to the satisfaction of the City that the Proposer has sufficient experience and/or is financially able and organized to successfully comply with the requirements set forth herein.

DONNA M. GAYDEN  
CITY MANAGER

DATED: Long Beach, New York  
October 27, 2020

# CITY OF LONG BEACH

## REQUEST FOR PROPOSALS

### INTRODUCTION

The City is soliciting requests for proposals (RFP) to identify qualified vendors interested in operating youth, adult, and/or senior recreation, athletic, sports, league, fitness or other programs using City facilities. The selected vendor(s) will be required to operate according to the terms and conditions set forth in a formal agreement with the City upon award.

The Recreation Campus includes a recreation fitness center, auditorium, ice arena, turf fields, basketball courts, roller hockey rink, boat launch, skate park, dog run and boardwalk promenade.

Vendors may be selected from among responding vendors based on a thorough analysis of each vendor's ability to provide the City with the highest demand and quality programs.

Vendors should seek to establish and maintain a disciplined approach to management and operating services, and have an understanding that safety, profit, revenue-share, attendance and fun are the key priorities in managing and operating successful programs. Vendors must be committed to providing the highest level of service for staffing. They must also recognize the need for recreation programs and activities which add excitement to the community and build long lasting relationships with the community.

It is the responsibility of the vendor to determine that adequate space and utilities are available to support their specific program needs. The City will work to meet each vendor's needs when possible. The City also reserves the right to make changes and adjustments to City facility assignments before and/or during any program, to accommodate City-run programs or needs. Appropriate buffers before and after a program will be determined by the City.

Vendors are responsible for their own activity set-ups and break downs. Vendors are responsible to leave the City facilities as they found it upon arrival. Any and all equipment and supplies needed for a program are at the sole expense of the vendor. The City does not guarantee storage space for programs.

Any and all equipment and supplies needed for a program are at the sole expense of the Vendor. The City does not guarantee storage space for programs.

The following conditions apply to this RFP:

#### A. *RFP Inquiries:*

- Written inquiries concerning the RFP and its subject must be made to [purchasing@longbeachny.gov](mailto:purchasing@longbeachny.gov). All responses to inquiries made to the City concerning this RFP will be posted on the City's website no later than November 4, 2020. **THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY INQUIRIES THAT ARE NOT MADE OR RECEIVED IN ACCORDANCE TO THIS SECTION.**

**B. Proposals Must Include:**

- Fully completed Proposer’s Qualification Statement attached as **Attachment A**, including the Statement of Understanding, Disclosure Statement, Non-Collusive Proposal Certification, Insurance Certification and Acknowledgement of Receipt of Addenda; and
- Fully completed Recreation Program Proposal Form, attached as **Attachment B**.

**C. Proposal Submission Requirements:**

- To be considered, an original and five (5) hard copies of the proposal, with any attachments, addenda, etc., as well as one (1) electronic copy of the same *must* be received by the Purchasing Department, City of Long Beach, 1 West Chester Street, Room 509, Long Beach, New York 11561, [purchasing@longbeachny.gov](mailto:purchasing@longbeachny.gov) by **10:00 a.m. on November 12, 2020**. The originals shall be placed in a sealed envelope marked “**Recreation Programs Proposal**”.

**D. Term**

The minimum term of an agreement resulting from this RFP will be determined based upon program type and use, need and frequency (i.e. seasonal, weekly, monthly, daily, hourly, etc.). The maximum term for an agreement resulting from this agreement is one (1) year, with an option to renew for two (2) additional one (1) year terms at the sole discretion of the City.

**E. Time Requirements**

The following is a list of key dates up to and including the date proposals must be submitted:

RFP Issued	October 27, 2020
Last Day for Questions	November 4, 2020
Due Date for proposal submissions	November 12, 2020
Award	Mid-November to December 2020

The City reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP including, but not limited to, the due date for receipt of proposals.

**F. Reservation of Rights and Acceptance of Conditions:**

- Submission of a proposal indicates acceptance by the vendor(s) of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the agreement between the City and the selected vendor(s).
- The City reserves the right to reject any and all proposals received.
- There is no express or implied obligation of the City to reimburse responding vendors for any expenses incurred in preparing proposals in response to this request, and the City will not reimburse such expenses.
- During the evaluation process, the City reserves the right, where it may serve the City’s best interest, to request additional information or clarification from a proposer, or to allow corrections on non-material errors

or omissions or waive non-material requirements. At the sole discretion of the City, vendors submitting proposals may be requested to make oral presentations as part of the evaluation process. If conducted, oral presentations will be scheduled with each proposer being considered.

- The City reserves the right to retain all proposals submitted and to use any ideas in a proposal regardless of whether that proposal is selected.
- The City reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP including, but not limited to, the due date for receipt of proposals.

## **CRITERIA USED TO EVALUATE PROPOSALS**

- An agreement will be executed by the City and the selected vendor(s) only after an evaluation of each proposal and a selection of a vendor(s). Proposals will be evaluated based upon the following criteria:
  - Meets the needs and interests of the community;
  - Diversity and innovation of programming;
  - Suitability and availability of facilities;
  - Cost to participants;
  - Fee(s) paid to the City;
  - Experience providing similar programs; and
  - Any other factors the City deems necessary in evaluating each proposal.

## **REQUIREMENTS DURING THE TERM OF AGREEMENT**

1. Vendors must hold any licenses, certifications, accreditations and/or approvals required in order to operate the program, and maintain same in good standing for the term of the agreement.
2. Vendors shall provide copies of all required certifications, licenses, permits, approvals and/or accreditation certificates for the Vendor and its employees required in order to operate the program (*if applicable*).
3. Vendors must also abide by any and all other local, state and federal laws, rules, regulations and ordinances relating to program operation.
4. To some program participants, the vendor is the only representative they will come in contact with. Vendors must conduct themselves in a professional manner taking into account his/her personal appearance, maintaining appropriate communications, and supporting City policies and protocols.
5. The vendor will be required to carry Commercial General Liability Insurance, Personal Injury Liability Insurance, Property Damage Insurance, and statutory limits of Worker's Compensation and Disability Insurance. The insurance certificate(s) must name the City as an additional insured.
6. Background checks completed by the Long Beach Police Department are required for all program vendors, personnel and/or instructors.
7. All background checks are done at the expense of the vendor, and must be completed prior to the program start date.
8. The vendor shall maintain full and complete books and records of accounts in accordance with accepted accounting practices and such other records as may be prescribed by the City Comptroller. Such books and

records shall be retained for a period of six (6) years and shall at all times be available for audit and inspection by the City Comptroller, the City's auditors and/or duly designated City representatives.

9. The vendor will promptly provide a response to any requests from the City's Records Access/FOIL Officer.
10. The vendor will be required to pay all taxes applicable to the operation of the program. Gross receipts shall exclude the amount of any federal, state or city taxes which are paid by the vendor against its income/sales.
11. The vendor will be required to comply with all City, Local, State and Federal laws relating to access for persons with disabilities. The vendor shall comply with all City, State and Federal requirements to provide safe and accessible program opportunities for everyone, including persons with disabilities. The vendor is encouraged to exceed accessibility requirements whenever possible, and not simply provide the minimum level required.
12. The vendor shall not hold the City liable or seek reimbursement, abatement, or remuneration for any interruption in business, utilities, supplies, programming, or other operation resulting from any City, Local, State or Federally declared disaster or emergency.
13. The vendor shall comply with all City, local, State and Federal laws, regulations, rules, codes, ordinances and guidelines relating to any City, Local, State or Federally declared disaster or emergency, but not limited to COVID-19.
14. No subcontracting shall be permitted without the express permission of the City.

Attachment 'A'

**BIDDER'S QUALIFICATIONS STATEMENT**

**INSTRUCTIONS:**

The Bidder's Statement Consists of the Following Documents:

1. Statement of Understanding;
2. Disclosure Form;
3. Non-collusive Bidding Certification; and
4. Certification of Insurance (*to be completed by an authorized insurance agent*).

Please complete **ALL FOUR** forms and submit with the Bid/Proposal.

**THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE AND ACCURATE ORIGINALS OF ALL FOUR (4) FORMS INCLUDING ALL APPROPRIATE ACKNOWLEDGMENT(S) AND BEARING THE SIGNATURE OF A NOTARY PUBLIC.**

**STATEMENT OF UNDERSTANDING**

By signing in the space provided below, the undersigned certifies, under penalty of perjury, as follows:

1. I am duly authorized to submit this Bid/Proposal on behalf of the below listed sole proprietorship/company/partnership/corporation.
2. That he/she will furnish any and all items upon which prices are bid at the price set forth for each item bid with a **CASH DISCOUNT OF \_\_\_\_\_%, IF ANY.**
3. That he/she has the capacity to and will abide by all terms and conditions pursuant to this bid, including but not limited to the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto.
4. That he/she agrees to make or accept payment in accordance with the requirements of the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto; and
5. That he/she will, if his/her Bid/Proposal is accepted, enter into a Contract with the City of Long Beach pursuant to the terms and conditions set forth in the Bid Documents, Bid Specifications, General Conditions, and bid prices hereto.
6. That he/she certified that his/her sole proprietorship/company/partnership/corporation will carry all types of insurance specified in the contract.
7. Is the response that you are providing compliant with the instructions set forth in this solicitation for bids?  
 Yes       No

The undersigned further stipulates that the information in this Proposal is, to the best of its knowledge, true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Title of Person Signing

Sworn to and subscribed on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)



## DISCLOSURE FORM

*The signatory of this questionnaire certifies under oath the truth and correctness of all statements and of all answers to interrogatories hereinafter made.*

Provide answers to each of the following and supporting documentation, where necessary:

1. **Adverse Equal Opportunity Determinations:** Identify all adverse determinations against your Company/Corporation/Partnership, or its employees or persons acting on its behalf, with respect to actions, proceedings, claims or complaints concerning violations of federal, state or municipal equal opportunity laws or regulations.

2. **Convictions and Unscrupulous Practice:** Has your Company/Corporation/Partnership, or any of its employees present or past, or anyone acting on its behalf, ever been cited for unscrupulous practice, or been convicted of any crime or offense arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business, or has any of your Company/Corporation/Partnership's officers, director or persons exercising substantial policy discretion ever been convicted of any crime or offense involving business/financial misconduct or fraud? If so, describe the convictions and surrounding circumstances in detail.

3. **Pending or Threatened Actions/Suits:** Describe any past or present action, suit, proceeding or investigation pending or threatened against your Company/Corporation/Partnership including, without limitation, any proceeding known to be contemplated by government authorities, private parties, or current or former clients.

4. **Criminal Misconduct**: Has your Company/Corporation/Partnership, or any of its employees, or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of your Company/Corporation/Partnership's business which is still pending, or has any of the Company/Corporation/Partnership's officers, directors or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe the indictments or charges and surrounding circumstances in detail.

5. **Conflicts of Interest**: disclose any of the following, and describe any procedures your Company/Corporation/Partnership has, or would adopt, to assure the City that a conflict of interest would not exist in the future):

(a) Any material financial relationships that your Company/Corporation/Partnership or any Company/Corporation/Partnership employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City.

(b) Any family relationship that any employee of your Company/Corporation/Partnership has with a member, employee, or official of the City or that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City.

(c) Any other matter that your Company/Corporation/Partnership believes may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the City.

6. **Financial Disclosure:** Submit with this Disclosure Statement Form, any one of the following three items:
- (a) a financial statement, prepared on an accrual basis, in a form which clearly indicates: Bidder's (1) assets, liabilities and net worth; (2) date of financial statement; and (3) name of Vendor preparing statement.
  - (b) a letter of credit reference from a recognized bank or financial institution; or
  - (c) a certified copy of a credit report from a recognized credit bureau, such as Dun and Bradstreet or TRW.

**THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE DISCLOSURE STATEMENT FORM.**

Dated at \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature, if Individual)

By: \_\_\_\_\_  
(Seal, if corporation) (Signature)

Print Name: \_\_\_\_\_  
(Legal Business Name of Company/Partnership/Corporation)

Print Title: \_\_\_\_\_

**[MANDATORY AFFIDAVIT(S) AND ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]**

-----**(Affidavit for Individual)**-----

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is an authorized representative of the Bidder/Proposer; b) he/she has read all statements and answers to this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) the attached letter of credit/certified copy of credit report or financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof; and b) all of the foregoing qualification information is true, complete, and accurate.

-----**(Affidavit for Partnership)**-----

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is a member of the partnership of \_\_\_\_\_, b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said partnership showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said partnership, is a true and accurate statement of the financial condition of the partnership as of the date thereof; and d) all of the foregoing qualification information is true, complete and accurate.

-----**(Affidavit for Corporation)**-----

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is \_\_\_\_\_ of \_\_\_\_\_ (Full Legal Name of Corporation); b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said corporation showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof; and d) that all of the foregoing qualification information is true, complete and accurate.

-----**(Acknowledgement)**-----

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that he/she is \_\_\_\_\_ of \_\_\_\_\_ (Name of Bidder) that he/she is duly authorized to make the foregoing affidavit and that he/she makes it on behalf of ( ) himself/herself: ( ) said partnership; ( ) said corporation.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, in the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

**NON-COLLUSIVE BIDDING CERTIFICATION**

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

I, hereby certify under the penalties of perjury that the foregoing statement is true.

By: _____ Bidder's Signature	_____ Date
_____ Print Name	_____ Title
_____ Legal Name of Individual or Business Name of Company/Partnership/Corporation	_____ Bidder's Federal Tax Identification # (Do Not Use SS#)
_____ Address	_____ Email Address

**[MANDATORY ACKNOWLEDGMENT APPEARS ON FOLLOWING PAGE]**

-----**(Acknowledgment for Individual)**-----

STATE OF \_\_\_\_\_ )  
  ss.:  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_ before me personally came\_\_\_\_\_ to me known, and known to me to be the individual(s) described in, and who executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION, and duly acknowledged to me that s/he executed the same.

\_\_\_\_\_ My commission expires:\_\_\_\_\_  
(Notary Public)

-----**(Acknowledgment for Partnership)**-----

STATE OF \_\_\_\_\_ )  
  ss.:  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_ before me personally came\_\_\_\_\_ to me known, who, by me duly sworn, did depose and say that deponent resides at\_\_\_\_\_; that deponent is a member of the partnership described in and which executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION; deponent is authorized to sign the foregoing NON-COLLUSIVE BIDDING CERTIFICATION.

\_\_\_\_\_ My commission expires:\_\_\_\_\_  
(Notary Public)

-----**(Acknowledgement for Corporation)**-----

STATE OF \_\_\_\_\_ )  
  ss.:  
COUNTY OF \_\_\_\_\_ )

On \_\_\_\_\_, 20\_\_\_\_ before me personally came\_\_\_\_\_ to me known, who, by me duly sworn, did depose and say that deponent resides at\_\_\_\_\_  
that deponent is the \_\_\_\_\_ of the corporation described in, and which executed the foregoing NON-COLLUSIVE BIDDING CERTIFICATION, that deponent knows the seal of the corporation, that the seal affixed to the NON-COLLUSIVE BIDDING CERTIFICATION, is the corporate seal, that it was affixed by order of the board of \_\_\_\_\_ of the corporation; and that deponent signed deponent’s name by like order.

\_\_\_\_\_ My commission expires:\_\_\_\_\_  
(Notary Public)

**INSURANCE CERTIFICATION**

**TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT**

**INSTRUCTIONS:** Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) **Commercial General Liability/Automobile Liability:** ACCORD-25 FORM.
- (b) **Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Bidder not being required to secure same.
- (c) **Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Bidder not being required to secure same.
- (d) **Business Interruption Insurance:** Certificates evidencing same (*if available*).

*This form and all supporting documentation must be submitted with this Bid/Proposal even if said information is on-file with the City in connection with another bid, project or contract.*

(Name and Address of Bidder)

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Name of Bid: \_\_\_\_\_ Bid Number: \_\_\_\_\_

(1) Commercial General Liability with completed operations (plus X.C.U. when applicable), to which the City of Long Beach has been added as additional insured, and Automobile Liability: \$ 2,000,000.00 Combined single limit (bodily and personal injury/property damage).

Insurance Carrier (Commercial General Liability): \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

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(2) Worker's Compensation:

Insurance Carrier: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

(3) The above insurance is effective with New York State admitted insurance companies, and is A rated or equivalent to A rated.

(4) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

***City of Long Beach, Corporation Counsel, 1 West Chester Street, Room 402, Long Beach, New York 11561***

Authorized Insurance Agent's Signature and Title:

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Name, Insurance Affiliation and Address: \_\_\_\_\_

Dated: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM**

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

**Note:** This acknowledgement shall be signed by the person executing the Statement of Understanding.  
Insert additional pages, as necessary.

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

<input type="checkbox"/> <b><u>NO ADDENDUM</u> WAS RECEIVED IN CONNECTION WITH THIS BID/PROPOSAL/CONTRACT.</b>  ACKNOWLEDGEMENT: _____
--

**IMPORTANT NOTICE:**

**THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS. IF NO ADDENDA ARE RECEIVED, CHECK THE “NO ADDENDUM” BOX ABOVE AND SIGN THE ACKNOWLEDGMENT. THE CITY RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM.**

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**Attachment 'B'**

Recreation Program Proposal Form



## Recreation Program Proposal Form

Vendor Information	
<b>Contact Person</b>	
<b>Company Name</b> <i>(if any)</i>	
<b>Address</b>	
<b>Phone</b>	
<b>E-mail Address</b>	

Program Information	
<b>Program Name</b>	
<b>Program(s) Description(s):</b> <i>(attach a separate sheet, if necessary)</i>	
<b>Facilitator Name(s)</b>	
<b>Age Range</b>	
<b>School Grade Range</b> <i>(Check all that Apply)</i>	<input type="checkbox"/> Pre-K and K <input type="checkbox"/> Elementary (1-3) <input type="checkbox"/> Elementary (4-5) <input type="checkbox"/> Middle School (6-8) <input type="checkbox"/> High School (9-12)
<b>Gender</b>	Males                      Females                      Both
<b>Participants</b>	Maximum: _____ Minimum: _____
<b>Expected Gross Revenue</b>	\$ _____

<b>Location</b> <i>(Check all that Apply)</i>	<input type="checkbox"/> Basketball Courts	<input type="checkbox"/> Magnolia Playground	<input type="checkbox"/> Boardwalk Promenade
	<input type="checkbox"/> Turf Field(s)	<input type="checkbox"/> Dog Park	<input type="checkbox"/> Other <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	<input type="checkbox"/> Outdoor Roller Rink	<input type="checkbox"/> Skateboard Park	
	<input type="checkbox"/> Ice Arena Skating Rink	<input type="checkbox"/> Municipal Board Launch	
	<input type="checkbox"/> Ice Arena Multi-Purpose Room (Second Floor)	<input type="checkbox"/> Veterans Memorial Park	
	<input type="checkbox"/> Magnolia Recreation Center Auditorium	<input type="checkbox"/> Bocce Ball Courts	

**Fee Proposal**  
*(Check One)*

<input type="checkbox"/> <b>Percent of Annual Gross Revenue Payable to the City in Equal Monthly Installments</b> <i>(Percentage owed to City for private/for-profit entities and non-City entities must meet a minimum of 25% of the gross revenue; 25% deposit due on January 1<sup>st</sup> for annual agreements)</i>			
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<input type="checkbox"/> <b>Fee Split</b> <i>(per registration)</i>	Vendor: \$	City: \$
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<input type="checkbox"/> <b>Hourly Rental Fee Payable to the City</b>	Per _____ Hour(s): \$	Per _____ Hour(s): \$	Other <i>(write below)</i> : <hr/> \$
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**Additional Information**

**Activity Notes**

*(Please list all items that participants need to bring, wear, etc. Attach list if needed.)*

**Season (Check all that apply)**

Spring

Summer

Fall

Winter

Other \_\_\_\_\_  
\_\_\_\_\_

**Number/Type of Sessions Offered**

*(Attach a separate sheet, if necessary)*

**Statement why the Vendor believes it to be best qualified to perform the program**

*(attach a separate sheet, if necessary)*

**List past history in providing similar programs**  
*(attach a separate sheet, if necessary)*

**Additional Comments**

Please complete the below section(s), as needed, for each program/session.

**Program - Dates and Times**

<b>Program Day(s)</b> <i>(check all that apply)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Program Name</b>	
<b>Program Description</b>	
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM

**Program - Dates and Times**

<b>Program Day(s)</b> <i>(check all that apply)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Program Name</b>	
<b>Program Description</b>	
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM

**Program - Dates and Times**

<b>Program Day(s)</b> <i>(check all that apply)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Program Name</b>	
<b>Program Description</b>	
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM

**Program - Dates and Times**

<b>Program Day(s)</b> <i>(check all that apply)</i>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Program Name</b>	
<b>Program Description</b>	
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM