

Tolland Recreation - Program & Activity Proposal Form

Thank you for your interest in partnering with Tolland Recreation. We welcome proposals from individuals, instructors, organizations, businesses, vendors, and community partners interested in offering programs, classes, activities, workshops, special events, and other recreational opportunities for our community. Please complete this form with as much information as possible to help our staff evaluate your proposal and determine how it may fit within our upcoming program offerings. Program proposals are reviewed during the planning period for each seasonal Tolland Recreation Newsletter – Fall, Winter and Spring/Summer. We encourage proposals to be submitted well in advance of the desired program season.

CONTACT INFORMATION

Name of Applicant: _____ Organization/Business Name (if applicable): _____
Role/Title: _____ Phone: _____ Email: _____

PROPOSAL TYPE

☐ An Existing Program Currently Offered Through Another Municipality/Recreation Department ☐ New Program
☐ An Expansion/Modification of an Existing Tolland Recreation Program ☐ An Existing Program Currently Offered Elsewhere

PROGRAM INFORMATION

Program Activity Name: _____

Description: _____

PROGRAM DETAILS

What need, interest or community demands do this program address? _____

Who is the Intended Audience? (e.g. Youth, Teen, Adult, Senior, Family, Special Event) _____

Min/Max Number of Participants: ____/____ Prerequisites or Required Skill Level? ☐ No ☐ Yes: _____

Program Format & Schedule: ☐ One-time ☐ Weekly ☐ Multiple Sessions ☐ Seasonal ☐ Special Event ☐ Other: _____

Preferred Day(s): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Program Length (e.g. 30 minutes): _____ Preferred Time: _____

Offered in (Please Circle One): **Winter** (Jan – March) **Spring/Summer** (April-September) **Fall** (September – December)

Number of Sessions Proposed (e.g. Two 6-Week Sessions): _____

INSTRUCTOR/VENDOR INFORMATION

Who Will Lead or Provide the Program? _____

Please Provide a Brief Description of the Instructor's/Vendor's Qualifications, Experience, Certifications, or Relevant Background: _____

LOCATION & FACILITY NEEDS: Where would you ideally like the program to be held?

Recreation Center: ☐ Program Room 1 ☐ Meeting Room A ☐ Program Room 4 ☐ Gymnasium ☐ Upper Field

Crandall Park (e.g. Pavilion, Field, Beach): _____ Cross Farms: _____

Tolland Board of Education Facility: ☐ Birch Grove Primary ☐ Tolland Intermediate ☐ Tolland Middle ☐ Tolland High

Other: _____

Specific Facility Requests: _____

Do You Require Any Special Equipment, Furniture, Technology, Utilities, or Facility Features? ☐ No ☐ Yes – Please Describe

Will You Provide Your Own Equipment/Materials? _____

COST & REVENUE

Proposed Participant Fee: \$_____

Is There a Minimum Number of Participants Required For the Program to Run? _____ Maximum Enrollment? _____

How Would You Prefer to Structure the Financial Arrangement?

☐ Recreation Department Pays a Flat Program/Instructor Fee ☐ Revenue Split/Percentage Arrangement

☐ No Fee/Volunteer Program ☐ Hourly Rate ☐ Other (Please Explain): _____

SUPPORTING DOCUMENTS

Please Attach Any Applicable Supporting Materials

☐ Program Description ☐ Instructor Resume ☐ Certifications /Licenses ☐ Certificate of Insurance ☐ Pricing/Fee Schedule

☐ Marketing Materials ☐ Photos/Program Examples ☐ Vendor Information ☐ Other: _____

By submitting this proposal, I understand that submissions of a program proposal does not guarantee approval or placement on the Tolland Recreation Schedule. Tolland Recreation may contact me for additional information or clarification. Programs are subject to facility availability, scheduling, staffing, community interest, budgetary considerations, Town requirements, and applicable policies and procedures. Tolland Recreation reserves the right to modify, postpone, cancel, or decline a proposed program or activity. Additional documentation, insurance, certifications, background checks, contracts, permits, or other requirements may be requested before a program is approved. Any proposed program involving children or vulnerable populations must comply with applicable Town requirements and Recreation Department policies. If approved, the program may be subject to a formal agreement or contract with the Town of Tolland Recreation Department.

Name: _____

Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Reviewed By: _____ ☐ Approved ☐ Denied ☐ Pending

Notes: _____

Assigned Location: _____ Final Fee: _____