



City of Downey
Parks & Recreation Department
Barbara J. Riley Community & Senior Center
7810 Quill Drive, Downey, CA 90241
(562) 904-7223, Fax (562) 904-7228

PROPOSAL FOR CONTRACT CLASS/PROGRAM
THE SUBMISSION OF A PROPOSAL DOES NOT CONSTITUTE APPROVAL
– ONLY USED TO SUBMIT YOUR INTEREST AND FOR OUR REVIEW AND
CONSIDERATION FOR APPROVAL.

General Information

Today's Date _____
Instructor's Name _____
Driver's License _____ Exp. Date ____/____/____
Address _____
City _____ Zip Code _____
Home Phone (____) _____ Alternate Phone (____) _____
EMAIL _____
Date of Last TB (Tuberculosis Test) ____/____/____

Have you ever been convicted of any charges other than minor traffic citations?
 YES NO

List and discuss convictions _____

Business name or DBA _____
Address _____
City _____ Zip Code _____
Business Phone (____) _____ Bus. Fax (____) _____
Business website: _____

Qualifications

Education (CIRCLE AND COMPLETE COLLEGE IF APPLIES)

Highest High School Grade Completed 9 10 11 12

College	Dates	Major	Degree/Date

Current or Recent Experience Related to Proposed Class

Employer/Agency & Contact Person	Phone	Date Employed	Job Title & Duties

Professional trainings, certifications, licenses related to the proposed class(es):

Class/Program Proposal Information

(Use one form for each class/program)

1. Name of Class/Program

2. Age of Group

3. Number of Students Minimum _____ Maximum _____

4. Proposed Days: M T W Th F Sa

5. Proposed Time(s) to conduct the class _____

6. Proposed Fee \$ _____ per person.

7. Cost of additional materials fee needed by participants and provided by instructor during class/program. \$ _____ per person.

8. How often will this class meet during the session? (i.e., once, once a week, twice a week, etc) _____

9. What is the duration of the class/program? (i.e., one day, 2 weeks, 4 weeks, etc.)

10. Are you requesting to use a City facility? YES NO

a. If **NO**, where do you plan to teach the class? Please list a complete address

b. If **YES**, what are your proposed facility requirements?

Number of tables _____ Number of chairs _____

Are electrical outlets needed? YES NO

11. The City provides classes during the Summer, Fall and Winter/Spring.
When do you propose to offer your class/program? _____

Class Outline

Provide a brief description of the class function and activities:

Format of class or teaching method(s):

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Demonstration | <input type="checkbox"/> Lecture |
| <input type="checkbox"/> Visual aides | <input type="checkbox"/> Hand-outs |
| <input type="checkbox"/> Other: | |

Special Requirement(s):

- Parents must attend
- Pre-requisites:
- Other:

Class Participant Levels

- Beginners
- Intermediate
- Advanced
- For ALL Levels

List of employees/Assistants: (full name):

1) _____ 2) _____

Submit any copies of certificates as attachments and a resume if available.