TOWN OF BOURNE
Recreation Department
239 Main Street, Buzzards Bay MA 02532
508-759-0600 ext. 5302

PROGRAM PROPOSAL FORM

Thank you for your interest in partnering with the Bourne Recreation Department!
We welcome proposals from qualified instructors, coaches, businesses, organizations, and community partners interested in providing high quality recreational, educational, cultural, wellness, and enrichment opportunities to our community.

Submission of this proposal does not guarantee acceptance or scheduling of a program. All proposals are subject to Recreation Department review, facility availability, community interest, budget considerations, and applicable Town requirements.

Completed program proposal forms may be sent to Katie Matthews, Recreation Director at KMatthews@bourne-ma.gov and can be dropped off in the Recreation Office at 239 Main Street, Buzzards Bay, MA 02532.

VENDOR/ORGANIZATION INFORMATION

Business/Organization Name: _____
Primary Contact: _____
Address: _____
Phone: _____
Email: _____
Website/social media: _____

Type of Provider:

☐ Individual Instructor
☐ Business
☐ Nonprofit Organization
☐ Sports/Coaching Organization
☐ Educational Provider
☐ Other: _____

Proposed Program Title: _____

Program Category:

☐ Preschool / Early Childhood
☐ Youth Sports
☐ Youth Enrichment
☐ Teen Programming
☐ Adult Sports
☐ Fitness & Wellness
☐ Arts & Culture
☐ Outdoor Recreation
☐ Aquatics / Waterfront
☐ Family Programming
☐ Life Skills / Education
☐ Adaptive / Inclusive Recreation
☐ Special Event
☐ Other: _____

Target Age(s): _____

Program Description: Please provide a brief description suitable for Recreation Department review. If approved, the Department may request a separate description for public advertising.

_____
_____
_____
_____
_____
_____

What will participants learn, experience, or gain from this program?

_____
_____
_____
_____

Previous experience offering this program:

☐ New Program

☐ Previously Offered Independently

☐ Currently Offered with Other Recreation Departments

☐ Currently Offered with Schools/Community Organizations

If applicable, please list municipalities or organizations where you have provided this or similar programming:

_____

_____

PROPOSED SCHEDULE

Preferred Season: ☐ Fall ☐ Winter ☐ Spring ☐ Summer
☐ Year Round ☐ One Time Program/Event

Preferred Day(s): _____

Preferred Time(s): _____

Program Length: ☐ One-Time Program ☐ _____ Weeks
☐ Other: _____
Length of Each Session: _____

Minimum Enrollment: _____
Maximum Enrollment: _____
Minimum enrollment needed for the program to run: _____

FACILITY & EQUIPMENT NEEDS

Preferred Facility/Space:

☐ Gymnasium

☐ Classroom/Meeting Room

☐ Athletic Field

☐ Court

☐ Outdoor Recreation Area

☐ Beach/Waterfront

☐ No Preference

☐ Other: _____

Approximate Space Requirements: _____

Equipment provided by vendor: _____

Equipment requested from Recreation Department: _____
_____

Tables/Chairs Needed: _____

Electrical, water, internet, storage, or other facility needs: _____

PROGRAM PRICING:

Proposed Participant Fee: $_____ per participant
What is included in this fee? _____

Are there additional material, equipment, supply, or membership fees?
☐ Yes ☐ No If Yes, please explain:

Preferred Compensation Structure:
☐ Percentage of Registration Revenue
☐ Flat Vendor Fee
☐ Per-Participant Fee
☐ Other: _____

Proposed Vendor Compensation:
Please provide enough information for the Recreation Department to understand the anticipated financial structure of the program. Final participant fees and compensation arrangements are subject to Department approval.

_____
_____
_____
_____

INSTRUCTOR / STAFF QUALIFICATIONS

Name(s) of proposed instructor(s): _____
Relevant experience, certifications, licenses, or qualifications: _____
_____

Will additional staff or assistants be present? ☐ No ☐ Yes Number: _____

SAFETY & ACCESSIBILITY

Please identify any inherent risks associated with this program and how those risks will be managed:

_____

_____

Does the program require participants to bring or use specialized equipment?

☐ Yes ☐ No If yes, please explain:

_____

Can reasonable accommodation be provided for participants with disabilities?

☐ Yes ☐ No ☐ Depends on requested accommodation

Please explain any known program limitations or considerations:

_____

_____

MARKETING & ADVERTISING:

Do you have photographs or graphics that may be used to advertise the program?

☐ Yes ☐ No

Can you provide a logo? ☐ Yes ☐ No

Will your organization assist with promotion? ☐ Yes ☐ No

If yes, please describe:

_____

REFERENCES: Please provide up to two professional references, preferably recreation departments, municipalities, schools, or community organizations with whom you have previously worked.

Reference #1

Organization: _____

Contact: _____

Email/Phone: _____

Reference #2

Organization: _____

Contact: _____

Email/Phone: _____

WHY THIS PROGRAM? Please briefly explain why you believe this program would be a good fit for our community and Recreation Department.

_____

_____

_____

VENDOR ACKNOWLEDGMENT

By submitting this proposal, I understand that:

- Submission does not guarantee approval, scheduling, or a contractual relationship with the Recreation Department.
- Program dates, times, locations, participant fees, registration procedures, minimum/maximum enrollment, and other program details are subject to Department approval.
- The Recreation Department reserves the right to accept, decline, postpone, modify, or discontinue proposed programming based on community needs, enrollment, facility availability, safety, budget, performance, or other operational considerations.
- If selected, the vendor may be required to enter into a separate agreement with the Town and provide required insurance, tax, background screening, licensing, certification, and other documentation before programming begins.
- No program may be advertised as an official Recreation Department offering until approval has been provided by the Department.
- Vendor personnel are responsible for conducting themselves professionally and following all applicable Town and Recreation Department policies while providing programming.

Vendor/Authorized Representative:

Signature: _____

Date: _____

FOR RECREATION DEPARTMENT USE

Date Received: _____

Reviewed By: _____

Program Status:
☐ Approved for Further Development
☐ Additional Information Requested
☐ Waitlist/Future Consideration
☐ Declined

Proposed Season: _____

Facility: _____

Approved Fee: _____

Compensation Structure: _____

Insurance Received: ☐ Yes ☐ N/A

W-9 Received: ☐ Yes ☐ N/A

Background Screening Completed: ☐ Yes ☐ N/A

Agreement/Contract Completed: ☐ Yes ☐ N/A

Notes:
_____
_____
_____
_____
_____