



Proposal Title: _____

General Program Proposal Application

General Information:

Name of Individual/Agency: _____

First Name: _____ Last Name: _____

Individual/Agency Address: _____

City: _____ State: _____ Zip: _____ City of Hampton Address?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Web Site: _____

Email Address: _____

Main Number: _____ Cellphone Number: _____

Tax ID #: _____ Please attach IRS 501c3 determination letter

Please provide mission and objectives of the affiliated organization/agency:



Operation:

Type of Program(s): (Check all that apply)

- Adventure
- Education and Enrichment
- Outreach
- Aquatics
- Environmental
- Performing Arts
- Arts and Crafts
- Fitness and Health
- Safety
- Athletics- Youth
- Athletics- Adults
- Leisure and Social
- Service/Care
- Martial Arts
- Special Events
- Esports/Gaming
- Mature Adults (55+)
- Special Programs/Inclusion

Other: _____

Target Service Groups:

Age(s) _____ Male: _____ Female: _____



Number of participants: _____

Season/Dates of Program: (e.g. Nov. 1 – Feb 15, or may vary)

Program Hours and Length: (e.g. 6-8 p.m. 2 nights/week for 6 weeks, or similar timeframe)

Total number of program hours: (e.g. 2 hrs X 6 weeks = 12 hours)

Facility Request: (type and amount of space needed, please list up to 2 alternate sites)
time and space is not guaranteed.

Space needed (e.g. 1 basketball court, Community Center Multi-purpose room)

Specific Site(s) requested (if known)

1st Choice _____ 2nd Choice _____

Program Equipment:

Proposer to provide:

Requesting HPR&LS to provide:



Benefit Statement (How will this program relate to HPR&LS’s Mission: “To create enriching experiences and beautiful environments for everyone to enjoy”)

Accessibility and Inclusion: HPR&LS strives to make programs, services, and facilities accessible for all individuals and families, regardless of race, color, religion, gender, national origin or ability level. Please explain how your program will be accessible and inclusive?



Marketing Plan:

How will your program be marketed?

Scholarships:

Do you plan on offering any scholarships or fee reductions? If so, please explain.

Evaluation Plan:

How will you evaluate your program goals and objectives?



Long Term Plan for Site Usage:

How do you propose to sustain, maintain and provide a successful program for at the least a period of 2+ years?

Program Budget: The proposal must include a budget of all of the income and expenses (including who will be responsible) associated with the recreational/instructional program and any proposed fee(s) that will be charged to participants.

Budget Item descriptions

Staff and Volunteers: This category includes all the staff and volunteers, paid and non-paid, to facilitate the program.

Materials: Include any materials you may need in order to publicize and/or implement the program.

Expense Items		
Staff and Volunteer (list per hour rate(s) and # of hours of work proposed).	Provider to pay expense	HPR&LS requested to pay expense
Sub-Total	\$	



Materials and Equipment (list items and cost for each/each set/group of items)	Provider to pay expense	HPR&LS requested to pay expense
Sub-Total	\$	

Marketing (List expenses and cost of each)	Provider to pay expense	HPR&LS requested to pay expense
Sub- Total	\$	
Grand Total of Expenses	\$	

Revenues and Fees to be charged (list each fee with a description)	Provider to pay expense	HPR&LS requested to pay expense
Total Revenues	\$	

Coordinating Staff and Agency Representatives:

Please complete the following information for each staff or agency representative



First Representative:

Staff
 Volunteer

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

School/Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Coordinating Staff and Agency Representatives: (Continue First Representative)

Please complete the following information for each staff or agency representative

Work Phone: _____ Fax: _____

Email Address: _____

Second Representative:

Staff
 Volunteer

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

School/Business: _____

Business Address: _____



City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

Email Address: _____

Additional Representatives:

Staff / Volunteer

Name: _____ Phone#: _____

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Name: _____ Phone#: _____

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Name: _____ Phone#: _____

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Qualifications and References: Applicant must present evidence that they are fully qualified and have substantial experience in the field and in the instruction and/or conduction of the program. Attach copies of certifications, licenses and etc. Provide a list and description of at least 2 similar programs satisfactorily performed/completed within the past three (3) years.

Include the name and contact information of a representative who can verify the information you provide and speak to their satisfaction of your performance.

1) Reference Program Title: _____

Description of Program:

Population and/or Agency Served:



Reference Person's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Phone #: _____ Alternate Phone: _____

Email Address: _____

2) Reference Program Title: _____

Description of Program:

Population and/or Agency Served:

Reference Person's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____



Best Phone #: _____ Alternate Phone: _____

Email Address: _____

Letters of recommendations and/or references should also be included with the proposal.

Other Information: (Any additional information to assist HPR&LS in its evaluation of the proposal.)

Receipt of a proposal submission in no way constitutes an agreement by the City of Hampton or HPR&LS to accept any program proposal.

I acknowledge that I have read, understand, and agree to, the Program Proposal Requirements and the terms and conditions therein



Signature: _____ Date: _____