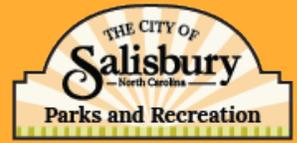


# Salisbury Parks and Recreation Program Proposal



Proposal Title

## General Information

First Name

Last Name

Website

Email Address

Name of Individual/  
Agency

City

State

Zip

City of Salisbury  
address?

Yes

No

Tax ID#

If 501(c)3, please attach IRS letter

Please provide mission and objectives of the affiliated organization/agency

Type of program operation you are requesting (refer to Proposal Requirements document)

Sponsored

Co-Sponsored

Independently Operated

## Operation

Type of Program(s) - Check all that apply

Adventure

Aquatics

Arts & Crafts

Athletics - Youth

Athletics - Teen

Athletics - Adult

Education

Environmental

Fitness & Health

Leisure & Social

Martial Arts

Outreach

Performing Arts

Safety

Seniors

Special Events

Special Programs/Inclusion

Other

Target Service Groups:

Ages

Genders

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 pm 2 nights/week, or similar timeframe)

Total Number of Program Hours: (e.g. 2 hrs x 6 weeks = 12 hours)

## **Facility Request**

Space Needed (e.g. 1 basketball court, 1 classroom)

Specific Site(s) Requested

Miller Center, 1402 W Bank St

Hall Gym, 1400B W Bank St

City Park, 316 Lake Dr

Civic Center, 315 S MLK Jr Ave

Lincoln Pool, 110 Old Concord Rd

## **Program Equipment Needs**

What will you provide?

What are you requesting Salisbury Parks and Recreation provide?

## **Staffing**

Who will be responsible for staffing the program?

Who will pay for employees?

Will volunteers be used?                      Yes                      No

## **Program Description**

Please describe the program(s) you are proposing:

Goals:

How does this program relate to **Salisbury Parks and Recreation's Mission**: *"To provide quality leisure services through safe, attractive, maintained parks, cemeteries, landscapes and diversified programs that meet the current and future needs of the community...along with our continued commitment of providing excellent customer service?"*

## Marketing Plan

How will the program be marketed?

What will Salisbury Parks and Recreation be responsible for?

## Coordinating Staff and Agency Representatives

Please complete the following information for each staff or agency representative

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### First Representative

Staff

Volunteer

First Name

Last Name

Street Address

Apt/Ste

City

State

Zip

Email Address

Phone

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### Second Representative

Staff

Volunteer

First Name

Last Name

Street Address

Apt/Ste

City

State

Zip

Email Address

Phone

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## Additional Representatives

<b>Representative Name</b>	Email		
Phone	Type	Staff	Volunteer

<b>Representative Name</b>	Email		
Phone	Type	Staff	Volunteer

<b>Representative Name</b>	Email		
Phone	Type	Staff	Volunteer

## 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 certification, licenses, etc. **Provide a list and description of at least two (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.

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### 1) Reference Program Title

Description of Program

Population and/or Agency Served

Reference Person's  
Name

Street Address

City State Zip

Email Address

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### 2) Reference Program Title

Description of Program

Population and/or Agency Served

Reference Person's  
Name

Street Address

City

State

Zip

Email Address

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

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**Receipt of a proposal submission in no way constitutes an agreement by Salisbury Parks and Recreation to accept any program proposal.**

Acknowledgment

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

By entering your full name, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Please Sign or Type Full Signature