



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: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Please attach IRS 501c3 determination letter

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

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**Operation:**

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

- Adventure
- Education and Enrichment
- Outreach
- Aquatics
- Environmental
- Performing Arts
- Arts and Crafts
- Fitness & Health
- Safety
- Athletics- youth
- Athletics- adult
- Leisure and Social
- Service/Care
- Martial Arts
- Special Events
- Athletics- adult
- 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)

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**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)

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Specific Site(s) requested (if known)

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**Program Equipment:**

Proposer to provide:

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Requesting HPR&LS to provide:

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**Staffing:**

Who will be responsible for staffing the program?

- Proposer  
 HPR&LS

Staffing ratio for the program

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Will volunteers be used?

Yes No (additional information is requested)

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

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**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?

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**Marketing Plan:**

How will your program be marketed?

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**Scholarships:**

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

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**Evaluation Plan:**

How will you evaluate your program goals and objectives?

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**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?

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**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.

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

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

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

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

**Coordinating Staff and Agency Representatives:**

Please complete the following information for each staff or agency representative

**First Representative:**

Staff	Volunteer
<input type="checkbox"/>	<input type="checkbox"/>

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
<input type="checkbox"/>	<input type="checkbox"/>

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#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**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: \_\_\_\_\_