

Date Received

Staff Initials

## PARKS & RECREATION DEPARTMENT CLASS PROPOSAL FORM - FOR NEW & RETURNING CONTRACTORS

Send To: contractclasses@cityofconcord.org;

Fax To: 925-671-3449

(Please provide separate forms for each class or age group)

INSTRUCTOR INFORMATION												
Last Name KH	URANA		Firs Nar		ΓU				N	Л.І.		
Name of Bus or Organizat	O LIDIT	S EDUCATIO	N	1								
Address 42808 CHRISTY STREET SUITE 120					City FREMONT				CA	<sup>Zip</sup> 94538		
Home or Bus Phone #	siness 510-573	3-2497		Cell #				Fax#				
Email INFO@GURUSEDUCATION.COM					Web Address www.guruseducation.com							
Who should	checks be payab	le? 🗖 Individu	ual or <b>⊠</b> ′Busi	iness		urposes Onlecurity or Tax		45-425	517			
			CLA	ASS D	ESCRI	PTION		(X) Veekends				
Proposed Cl	ass Title:											
Class Descri	iption for Activity	Guide (Include	benefit staten	nents an	ıd "you" la	nguage, <mark>50 v</mark>	words m	ax)				
		`			,	0 0 /		,				
			CI A	SS PE	REFERI	FNCES						
CLASS PREFERENCES												
Do you have a preference to teach this class? ☐ Weekdays ☐ Weekday Evenings ☐ Weekends												
Day(s)/time(s) you'd prefer?  Day(s) / time (s) you can't teach? 6:30-7:30PM												
CLASS INFORMATION												
			CLA	ASS IN	IFORM.	AHON						
Age Min.		Age Max			class Ilment	7		ax. clas rollmen				
Supply/Mate	rial Fee:	•	Items provid			001/			-			
` -	structor 1 <sup>st</sup> Class)	0	items provid	<u> </u>	WORKB	OOK						
Special Roo	m Requirements:											
Days	Start/End Date Preference			No Class (i.e. Hol		# of Classes	*Sugge Course		Per class Fee	(Office Use Only) Course Number		
TUESDAY	09/27/16	11/15/	/2016	N/A		8	\$	160				
Office Use Only												

**CLASS Entry** 

Staff Initials

## **CONTRACT INFO**

\*Suggested Course Fee should account for the contractual percentage split between instructor and City.

- Compensation begins at 50% of collected fees (this is suggested and not an agreed upon amount).
- Compensation is based on Resident rate only. A \$3 processing fee and a non-Resident rate will be added to your suggested fee.

  \*i.e. IF you suggest class meets 5 times at a cost of \$100, the class would list for \$103 Res and \$108 non-Res. And...

IF the class is a 50% agreement, you can expect \$50 per student that completes your class.

SE GROUP				SUBSECTIO	V							
☐ PreSchool (ages 2-5) ☐ Adults (18 & u		D) Arts & Crafts		☐ Dance, Music &	☐ Health & Fitness							
☐ Mature Adults	(50 & better)	□ Enri	chment	☐ Special Interest	☐ Sports							
□ Developmenta	ally Disabled	☐ Trip	S	☐ Workshop	□ Other							
ACTIVITY GUIDE DATES												
□ Fall (Sep - Dec); approximate due date = 1 <sup>st</sup> week May (or earlier) □ Winter/Spring (Jan - Apr) approximate due date = 1 <sup>st</sup> week September (or earlier) □ Summer (May - Aug); approximate due date = 3 <sup>rd</sup> week January (or earlier) Your proposal should cover the same dates each guide covers. Late or incomplete proposals may result in not being part of the guide.												
REFERENCES												
se provide 3 referer	nces with phone num	nbers.	□ Continuin	g Contractor with the City of Concord								
Name				Email								
Name				Email								
Name				Email								
INSTRUCTOR INFO												
Your Experience and Qualifications:												
Your Bio: skills, certifications, accomplishmentsas they pertain to what you are teaching. This info may be used in in our Activity Guide, or on our social media i.e. the City of Concord's Facebook page, or in other marketing efforts. Limit 50 words.												
	INSTRUCTOR	REQ	<b>UIREMEN</b> 1	rs en								
<b>IF</b> you are selected to teach a class through the City of Concord Parks & Recreation Department, there are a variety of things that you will be required to do, including, but not limited to the following												
□ Insurance: City Attorney determines level of insurance. Businesses are required to name COC as additional insured \$1mil. □ Live scan (fingerprint): Independent contractors must get prints done. \$32 charge to DOJ. Businesses may provide letter (ask how). □ TB clearance (every 2 years): If working with minors (under 18), proof of TB clearance required. Business letter may apply (ask). □ W9: All contractors must provide an updated W9 annually. □ Independent Contractor Acknowledgment form: All contractors must sign this form annually. □ Mandatory contractor's meeting: All contractors must attend the contractor meeting annually. □ Other												
	Adults (18 & u  Adults (18 & u  Mature Adults  Developmenta  Advisor Adults  Developmenta  Advisor Advisor Advisor Advisor Advisor Adults  Advisor Advisor Advisor Advisor Advisor Adults  Mature Adults  Advisor Advisor Advisor Advisor Advisor Adults  Advisor Advi	Adults (18 & up)  Mature Adults (50 & better)  Developmentally Disabled  ACTIVITY  ACT	Adults (18 & up)  Mature Adults (50 & better)  Developmentally Disabled  ACTIVITY GUID  ACTIVITY	Adults (18 & up)	Adults (18 & up) Arts & Crafts Performing Arts							

**Please provide camera ready photos (300dpi).** Photos are encouraged during your classes. Please send all photos to the Concord Parks & Rec department at the information below...

Return Proposal Forms to: Concord Parks & Recreation Department / Attn: Contract Classes

1950 Parkside Drive MS/10; Concord, CA 94519

Fax Attn: Contract Classes (925) 671-3449 / email: contractclasses@cityofconcord.org

<sup>\*</sup>All proposals will be reviewed by the Parks & Rec Marketing team and/or by a Marketing team member. We make no guarantees to work with your program just because you submit a form. Not all proposals are going to be a good fit for us or our facilities. In addition, if a class is not producing, we reserve the right to cancel classes and/or no longer offer the program.