



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	KHURANA	First Name	RITU	M.I.
Name of Business or Organization	GURUS EDUCATION			
Address	45630 PARKMEADOW CT	City	FREMONT	State CA Zip 94539
Home or Business Phone #	510-573-2497	Cell #	5105732497	Fax #
Email	info@guruseducation.com		Web Address www.guruseducation.com	
Who should checks be payable? <input type="checkbox"/> Individual or <input checked="" type="checkbox"/> Business		For tax purposes Only Social Security or Tax ID # 4 5 4 2 5 5 7 1 7		

CLASS DESCRIPTION

Proposed Class Title:	DEBATES AND PUBLIC SPEAKING LEVEL 2
Class Description for Activity Guide (Include benefit statements and "you" language, 50 words max)	
<p>This Course prepares students on both aspects of public speaking and debates. The aim for this class is to have each participant write a well-structured and engaging speech. The participants debate on a variety of their age appropriate topics in various formats. It improves students' general knowledge on various current affairs topics as they debate and understand both sides of the topic</p>	

CLASS PREFERENCES

Do you have a preference to teach this class? <input type="checkbox"/> Weekdays <input checked="" type="checkbox"/> Weekday Evenings <input type="checkbox"/> Weekends	
Day(s)/time(s) you'd prefer? THURSDAY	Day(s) / time (s) you can't teach? MONDAY , FRIDAY,WEDNESDAY

CLASS INFORMATION

Age Min. 10	Age Max 14 YEARS	Min. class enrollment 7	Max. class enrollment 20				
Supply/Material Fee: (Payable to Instructor 1 st Class) 0	Items provided: WORK BOOK						
Special Room Requirements: CLASSROOM SET UP							
Days	Start/End Date(s) Preference	Start/End Time(s) Preference	No Class Dates (i.e. Holidays)	# of Classes	*Suggested Course Fee	Per class Fee	(Office Use Only) Course Number
THURSDAY	01/14/2016-03/17/2016	5:30pm-6:30pm	NONE	10	\$199		

Office Use Only

Date Received	Staff Initials	CLASS Entry	Staff Initials
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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.*

AGE GROUP		SUBSECTION		
<input type="checkbox"/> PreSchool (ages 2-5)	<input type="checkbox"/> Adults (18 & up)	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Dance, Music & Performing Arts	<input type="checkbox"/> Health & Fitness
<input type="checkbox"/> School Age (6-12)	<input type="checkbox"/> Mature Adults (50 & better)	<input type="checkbox"/> Enrichment	<input type="checkbox"/> Special Interest	<input type="checkbox"/> Sports
<input type="checkbox"/> Teens (13-17)	<input type="checkbox"/> Developmentally Disabled	<input type="checkbox"/> Trips	<input type="checkbox"/> Workshop	<input type="checkbox"/> Other

ACTIVITY GUIDE DATES

- ☐ Fall (Sep - Dec); approximate due date = 1st week May (or earlier)
 - ☐ Winter/Spring (Jan - Apr) approximate due date = 1st week September (or earlier)
 - ☐ Summer (May - Aug); approximate due date = 3rd 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

- ☐ **New Contractor:** Please provide 3 references with phone numbers. ☐ **Continuing Contractor** with the City of Concord

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

INSTRUCTOR INFO

Your Experience and Qualifications:

Your Bio: skills, certifications, accomplishments...as 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 REQUIREMENTS

IF 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

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: Christopher Roke
 1950 Parkside Drive MS/10; Concord, CA 94519
 (925) 671-3319 / Fax (925) 671-3449 / email: contractclasses@cityofconcord.org

**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.*