

MANCHESTER PARKS & RECREATION DEPARTMENT
10 CENTRAL STREET
MANCHESTER, MA 01944
PHONE 978-526-2019 FAX 978-526-2007
recreation@manchester.ma.us

PROGRAM PROPOSAL FORM

Program Title: _____

Please Circle Season: Fall Winter Spring Summer

Instructor/Organization Name: _____

Address: _____

Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

Email Address: _____

Federal Tax ID # or Social Security Number: _____

Instructor Salary Rate: _____ **Per Hour** **OR** _____ **Per Person** **OR** _____ **Flat Fee**

Program Description: (No more than 50 words)

Age/Grade Level Of Participants: _____ **Time of Class:** _____ **Number of Weeks:** _____

Program Start Date: _____ **End Date:** _____ **Class Duration:** (i.e.-1 hr) _____

Any Days Program Would Not Run? (i.e.- Holidays, Early Release Days?, etc): _____

Minimum # For Class: _____ **Maximum # in Class:** _____

Space Required: _____

Equipment/Supplies Needed: (Please list any equipment that you would need the Parks & Recreation Department to provide?)

Program References:

Please list references that who can attest to your ability to teach the proposed program. (Programs that are offered multiple times throughout the year only need to do this 1 time).

Name: _____
Email Address: _____

Agency: _____
Day Time Phone: _____

Name: _____
Email Address: _____

Agency: _____
Day Time Phone: _____

Background Checks:

All program instructors must complete and return the attached CORI Background Check Form. Completed form must be received at least 10 business days prior to the start of the program. For programs that operate throughout the year, background checks must be completed at least 1x per year.

Compensation:

Contractors with a Federal Tax ID Number must submit an invoice in writing in order to receive payment. This may occur once the program has begun. If payment is per participant, Manchester Parks & Recreation will pay the amount based on our count of registrations. If a disagreement occurs, a copy of attendance records must be provided. Payment will occur within 45 days of the invoice being received.

For Contractors without a Federal Tax ID Number, the Manchester Parks & Recreation Department will issue payment automatically after the program has begun and the registration numbers have been confirmed. If payment is per participant, Manchester Parks & Recreation will pay the amount based on our count of registrations. If a disagreement occurs, a copy of attendance records must be provided by the contractor. Payment will occur within 45 days of the start of the program.

Insurance:

The contractor shall be responsible to the Town or any third party for any property damage or bodily injury caused by it, any of its sub-contractors, employees or agents in the performance of, or as a result of, the work under this Agreement. The Contractor and any sub-contractors used hereby certify that they are insured for workers' compensation, property damage, and personal and product liability. The Contractor and any sub-contractors it uses shall purchase, furnish copies of, and maintain in full force and effect insurance policies in the amounts here indicated.

General Liability

Bodily Injury Liability	\$1,000,000 per occurrence
Property Damage Liability	\$ 500,000 per occurrence
(or combined single limit)	\$1,000,000 per occurrence

Professional Liability Insurance

Minimum Coverage	\$1,000,000 per occurrence
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Contractors, who do not carry their own insurance (low risk activities only), must follow any policies set forth by the Manchester Parks & Recreation Department and act as if they were an employee of the Town. Any specific procedures will be provided to you prior to the start of the program.

Agreement Terms:

1. Manchester Parks & Recreation will handle registration and fee collection of program and will provide Contractor with rosters at the start of the program. For licensed Camp Programs, updated rosters will be provided as registrations occur so that you can collect the required additional documentation that you need for your license.
2. Contractors must follow best practices, maintain records of participants, and acquire the necessary licensing (i.e. Camps), provide instructors with First Aid & CPR Training and communicate any issues, concerns or incidents to the Manchester Parks & Recreation Department.
3. Confirmation: Occurs when Manchester Parks & Recreation receives a completed agreement. For programs that operate continuously throughout the school year, agreement must be completed each season but insurance only needs to be submitted one time per year.
4. Termination: May occur at any time, including after the start of the program, in the event Manchester Parks & Recreation deems the program to be unsafe, neglectful, or an unacceptable quality or poorly managed.
5. Cancellation: Will occur in the event of insufficient enrollment for the class, loss of venue or due to any other unforeseen circumstances. Programs that are cancelled due to insufficient enrollment will not be offered the next season.
6. Manchester Parks & Recreation reserves the right to photograph/video tape segments of your program for its use.

Indemnification:

The contractor shall defend, indemnify and hold harmless the Town and its officers, agents, and all employees from and against claims arising directly or indirectly from the contract. Contractor shall be solely responsible for all local taxes or contributions imposed or required under the social security, workers' compensation, and income tax laws. Further, the Contractor shall defend, indemnify and hold harmless the Town with respect to any damages, expenses, or claims arising from or in connection with any of the work performed or to be performed under this Agreement. This shall not be construed as a limitation of the Contractor's liability under the Agreement or as otherwise provided by law.

Contractor Signature:

Date



MANCHESTER-BY-THE-SEA

PARKS AND RECREATION DEPARTMENT

TOWN HALL, 10 CENTRAL STREET

Manchester-by-the-Sea, Massachusetts 01944-1399

Telephone (978) 526-2019

FAX (978) 526-2001

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CHAPTER 6, §172H CORI REQUEST FORM

Manchester Parks & Recreation is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6 §172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding staff and volunteers.

APPLICANT INFORMATION (PLEASE TYPE)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER
(Required)

ID Theft Index PIN *
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: ____ HEIGHT: ____ft. ____in. WEIGHT: ____ EYE COLOR: ____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

**THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: Heather Depriest
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**