



COSUMNES COMMUNITY SERVICES DISTRICT PARKS AND RECREATION DEPARTMENT

PROSPECTIVE INDEPENDENT CONTRACTOR INFORMATION AND PROPOSAL PACKET

The Cosumnes Community Services District Parks and Recreation Department's vision is to provide memorable and healthy experiences through sustainable parks and recreation services. We strive to achieve our vision by designing and maintaining parks and facilities that meet current and future needs; offering recreational programs that promote health, fun and lifelong learning; and providing exceptional service to our customers. The Cosumnes CSD works hard to promote lifelong learning through our contracted classes. We offer over 150 types of contracted classes for youth, teens, and adults. Classes include art, culinary, dance, education, fitness, golf, martial arts, music, science, tennis, theater and more!

Independent Contracted Instructors are:

- Not employed by the Cosumnes CSD.
- Under an annual contract with the Cosumnes CSD, and are paid a pre-determined percentage of their class's gross revenue.
- Required to be 18 years of age or older.
- Required to comply with California Public Resources Code, Section 5164 which prohibits any adult who has been convicted of certain Penal Code violations from having supervisory or disciplinary authority over any minor. The District must have all prospective employees and volunteers fingerprinted through the Department of Justice who will then notify the contracting agency of any arrests and /or convictions by law enforcement. By law, this information cannot be shared with any other agency.
- Required to carry insurance *if they are holding classes at their own facility that is not operated by the Cosumnes CSD*. Contractors will be responsible for providing the District with a certificate of liability insurance that names the District as additionally insured; with a minimum of \$1,000,000.00 per person/ \$1,000,000.00 per occurrence for Bodily Injury Liability and \$1,000,000.00 per occurrence for Property Damage.

Submitting a proposal

Please complete all pages included in the Program Proposal packet. Incomplete packets will not be approved. If you have any questions about the packet, please call (916) 405-5600.

Classes are programmed based on three Activity Guide seasons

Winter/Spring	January-May	Program proposals are due September 15th
Summer	June-August	Program proposals are due February 15th
Fall	September-December	Program proposals are due May 15th



INDEPENDENT CONTRACTED INSTRUCTOR INFORMATION

Contractor Name: _____

Street Address: _____ City: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Email Address: _____

Subject interested in teaching: _____

Please list your experience related to subject, paid or volunteer (list most recent experience first)

Title: _____ Employer: _____

Duties: _____

Duration of position: _____ to _____ Supervisor: _____

Supervisor's Title: _____ Phone Number: _____

Title: _____ Employer: _____

Duties: _____

Duration of position: _____ to _____ Supervisor: _____

Supervisor's Title: _____ Phone Number: _____

Title: _____ Employer: _____

Duties: _____

Duration of position: _____ to _____ Supervisor: _____

Supervisor's Title: _____ Phone Number: _____

Education, special training and/or certifications:

References (please do not list relatives)

1. _____ Phone Number: _____

2. _____ Phone Number: _____

3. _____ Phone Number: _____



CLASS PROPOSAL

Class Title: _____ Location: _____

Contractor Name: _____ Participant Age(s): _____

Class Size: _____ Minimum to _____ Maximum Level: _____

If class is intermediate or advanced level, what experience is needed to participate?

Class Description:

Would like to begin offering classes:

_____ Winter/Spring Jan-May *Program proposals are due September 15th*

_____ Summer Jun-Aug *Program proposals are due February 15th*

_____ Fall Sep-Dec *Program proposals are due May 15th*

Preferred Class Scheduling:

Meet _____ days/week for _____ weeks Time: _____ a.m./p.m. to _____ a.m./p.m.

Day(s): Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Fees and Supplies:

Class Fee \$ _____ *(please list the amount you expect to make per hour/per participant)*

Supply Fee \$ _____ *(please list any supplies/uniforms participants will purchase from you)*

If necessary supplies/uniforms are not available through the instructor, where can they be

purchased? _____

Special Instructions for participants (what to bring, what to wear, etc.):



FACILITY/EQUIPMENT LISTING

Class Title: _____ Location: _____

Contractor Name: _____

Large Tables _____ # Large Chairs _____ # Small Tables _____ # Small Chairs _____

Other: _____

Room Layout (table/chair formation):



LATE REGISTRATION AND PRORATION

Class Title: _____

_____ No, I will not accept late registration.

_____ Yes, I will accept late registration.

Participants can miss a maximum of _____ classes.

_____ No, I will not allow late registration to be at a prorated fee.

_____ Yes, I will allow late registration to be at a prorated fee.

Contractor Name: _____

Contractor Signature: _____

Date: _____

