



Salt Lake County Recreation Program Agreement Offer Form

***Recreational Program Agreement Forms will not be opened/reviewed
until after the posted closing date***

Business Contact Information					
Name				Date of Application	
Business/Organization Name				Business License	
				City of License	
Business Address					
City		State		Zip Code	
Primary Phone				Secondary Phone	
Email address				Business website	
Home Address <i>if different from business</i>					
City		State		Zip Code	
Business Operating Information					
Certificates and Licenses <i>Include college degrees</i>					
General Liability Insurance <i>(Attach copy)</i>		Name insurance			
		Policy Number			
Provide the name, address and dates of service of all clients for which you have performed services as an independent contractor for in the last two years. <i>(Attach additional sheet if necessary)</i>					
Do you pay self-employment taxes and file a schedule C on federal tax returns? <i>If so, please attach schedule C of the last federal tax return</i>					
Do you hire employees? <i>If so, how many employees will you have at this center?</i>				Do you pay federal and state payroll taxes for employees?	
Do you advertise your service? <i>If so, attach recent flyers, mailers, ads, etc. If not, how do you intend to advertise?</i>					
List tools, materials, and equipment you will supply for this program.					
Program/Class Information					
Program/Class Title					
Instructor Name					
Program/Class Description					
Program/Class Objective/Outcome					
Other Centers that will be participating in this service:					
Participant Ages		Youngest		Oldest	



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Proposed Fee	\$	Would you provide any program discounts? If so, please describe.							
Supplies Fees	\$	Supplies Description							
Additional Fees	\$	Additional Fees Description							
<i>Program Fees are collected by Recreation Center. All other fees collected by instructor.</i>									
Meetings per week			Number of Weeks						
Total Number of meeting times						Offered each month		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Days Requested	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	TH <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	Su <input type="checkbox"/>		
Set Up Time	Start Time			End Time			Tear Down Time		
	AM <input type="checkbox"/> PM <input type="checkbox"/>			AM <input type="checkbox"/> PM <input type="checkbox"/>			AM <input type="checkbox"/> PM <input type="checkbox"/>		
Maximum Number of Participants				Minimum number of Participants					
Type of Facility needed									
<i>Gym</i> <input type="checkbox"/>	<i>Kitchen</i> <input type="checkbox"/>	<i>Pool</i> <input type="checkbox"/>	<i>Classroom</i> <input type="checkbox"/>	<i>Multi-Purpose Room</i> <input type="checkbox"/>	<i>Field</i> <input type="checkbox"/>	<i>Other</i> <input type="checkbox"/>			
How many times a year requesting the program/class offered?									
When are you available to begin?									
Instructor Information									
Please attach <input type="checkbox"/> <i>Resume</i> <input type="checkbox"/> <i>Official Background Check on Contractor. See last page of this document</i>									
Experience in proposed program/class									
Experience working with the general public									
Other Related skills and/or education									
References of three people (one professional and one personal)									
Name/Relationship						Phone			
Name/Relationship						Phone			
Name/Relationship						Phone			

SELECTION CRITERIA To be completed by Recreation Staff	Least Desirable	Less Desirable	Acceptable	Preferred	Highly Preferred
Relevant experience of the offer, including references	1	2	3	4	5
Schedule availability to instruct	1	2	3	4	5
Competitiveness and reasonableness of price	1	2	3	4	5
Total Score					

Accepted Declined

Reviewed by: _____

Date: _____

Reviewed by: _____

Date: _____



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Reviewed by: _____

Date: _____

Background Check Information Sheet

To provide a background check for Salt Lake County Parks and Recreation, you will need to go to the Bureau of Criminal Identification at:

Utah Department of Public Safety

Bureau of Criminal Identification

3888 West 5400 South

Salt Lake City UT 84129

801-965-4445

Hours: 8 am to 5 pm, Monday thru Friday excluding holidays.

Bring a valid, government issued identification with a photo and payment of \$15.