



**Independent Contract Instructor
Program Proposal Form**

rec@cityofgilroy.org | 7351 Rosanna Street, Gilroy, CA 95020 | (408) 846-0460

Instructor Name: _____ Cell Phone: _____

Email: _____ Business Phone: _____

Business Name (if applicable): _____

Business/Home Address: _____ Apt/Suite: _____

City, State, Zip: _____ Business Website: _____

Instructor's Biography: Include background, prior teaching and work experience, certifications, and affiliations, as it relates to the class(es) you propose to teach. Please attach copies of certifications and resume: _____

Instructors: Will you be the instructor for the class(es) or do you have employees who will teach the class(es)? I am the instructor I have employees who will be the instructor

Insurance: All instructors are required to provide their own liability insurance of \$1,000,000 for each occurrence and \$1,000,000 annual aggregate covering themselves and naming the City of Gilroy as an additional insured. If the Instructor has employees, Instructor will provide City proof of Worker's Compensation insurance. Insurance coverage may vary depending on the program offered. Are you able to provide insurance? Yes No

Business License: A City of Gilroy Business License is required to teach classes as an Independent Contractor (<https://www.cityofgilroy.org/207/Business-Licenses>). Are you able to purchase a business license? Yes No

References: Please list two references from people who can attest to your abilities to teach this class.

Name	Title	Daytime Phone	Email

W-9 Form: Are you able to complete and submit a W-9 form? Yes No

Fingerprinting: Instructor shall submit to fingerprinting and a California Division of Justice (DOJ) criminal background check that confirms that Instructor has no criminal convictions. If Instructor has employees, Instructor will provide proof to City that said employees have also been fingerprinted and have passed a DOJ background check. The instructor pays for the fingerprinting service (\$52 as of July 1, 2018) and must take the City of Gilroy paperwork with them to be fingerprinted. When you are provided with the paperwork, are you able to go and get fingerprinted? Yes No

Convictions: Have you ever been convicted of a felony, misdemeanor, plead no contest OR been placed on parole or probation? Yes No

A "yes" answer will not automatically disqualify you from becoming a contractor. If yes, please explain all convictions since your 18th birthday: _____

Class Dates: Gilroy Recreation classes run in seasons. The *Winter/Spring* season is January through April. The *Summer* season is May through August. The *Fall/Winter* season is September through December.

Activity Guide: The Activity Guide is produced 3 times per year (for each season). The guide is generally released 6-8 weeks prior to the start of a season so that registration can begin. Therefore, preparation for the production of the Activity Guide usually begins 5-6 months prior to the start of a season. The staff liaison who manages your contract will contact you regarding due dates for your class information for the next season.

Marketing & Promotion: How do you plan to advertise and promote your class(es) in addition to it being included in the Activity Guide? _____

Registration: The City handles the registration for classes and will give you access to the instructor portal for your rosters and email communication with the registered participants.

Class Proposals: Please submit a class proposal for each type of class you would like to offer. If the class has a different title and class description, then submit an additional class proposal. Please attach another sheet if you have more than 3 class proposals. An example is included (see last page).

Class Fees: When using City facilities, the typical split of revenue is 60% to the contractor and 40% to the City. Please keep this in mind when proposing your fees.

CLASS PROPOSAL 1

Class Title: _____

Class Description: _____

Location: City Facility Indoors City Facility Outdoors Contractor Place of Business*

(*Certificate of Occupancy Permit required.)

Session Information:

Date(s)	Day(s)	Time(s)	Ages	Proposed Fee	Min # in Class	Max # in Class	Type of City Facility Needed

No Class Dates: _____ Do you want a waiting list: Yes No

Close Registration (example, 3 days prior to the start of the class): _____

Materials Fee (paid by the participants directly to the instructor): \$ _____ Not Applicable

Please list the items the materials fee will cover: _____

CLASS PROPOSAL 2

Class Title: _____

Class Description: _____

Location: City Facility Indoors City Facility Outdoors Contractor Place of Business*
(*Certificate of Occupancy Permit required.)

Session Information:

Date(s)	Day(s)	Time(s)	Ages	Proposed Fee	Min # in Class	Max # in Class	Type of City Facility Needed

No Class Dates: _____ **Do you want a waiting list:** Yes No

Close Registration (example, 3 days prior to the start of the class): _____

Materials Fee (paid by the participants directly to the instructor): \$ _____ Not Applicable

Please list the items the materials fee will cover: _____

CLASS PROPOSAL 3

Class Title: _____

Class Description: _____

Location: City Facility Indoors City Facility Outdoors Contractor Place of Business*
(*Certificate of Occupancy Permit required.)

Session Information:

Date(s)	Day(s)	Time(s)	Ages	Proposed Fee	Min # in Class	Max # in Class	Type of City Facility Needed

No Class Dates: _____ Do you want a waiting list: Yes No

Close Registration (example, 3 days prior to the start of the class): _____

Materials Fee (paid by the participants directly to the instructor): \$ _____ Not Applicable

Please list the items the materials fee will cover: _____

After review of the information you have provided and your References have been checked, you will be contacted by a Recreation Division staff member. Completion of this informational form does not imply a contract. Therefore, no guarantees are made for the proposed class to be offered by the City of Gilroy Recreation Division.

I hereby certify that all statements on this application are true and give my permission for any necessary verification.

Signature

Date

CLASS PROPOSAL EXAMPLE

Class Title: Youth Soccer

Class Description: Youth Soccer is for boys and girls of all levels and is designed to inspire a love of the game of soccer. Each day is designed to teach the key skills of the game with special emphasis on passing, dribbling, scoring and teamwork. You will also learn simple moves, turns, fakes and many ball-control techniques and fun soccer-related games. Bring a snack and bottle of water daily.

Location: City Facility Indoors City Facility Outdoors Contractor Place of Business*

(*Certificate of Occupancy Permit required.)

Session Information:

Date(s)	Day(s)	Time(s)	Ages	Proposed Fee	Min # in Class	Max # in Class	Type of City Facility Needed
5/1-6/26	Sat	9-10	7-13	\$130	8	32	Grass soccer field
5/5-6/23	Wed	6-7pm	6-11	\$120	6	24	Grass soccer field with lights

No Class Dates: 5/29 **Do you want a waiting list:** Yes No

Close Registration (example, 3 days prior to the start of the class): 2 days prior to the start of the class

Materials Fee (paid by the participants directly to the instructor): \$ 10 Not Applicable

Please list the items the materials fee will cover: shin guards for each participant