Contractor Application - New Grand Junction Parks and Recreation, 1340 Gunnison Ave. Grand Junction, CO 81501 (970) 254-3866 Fax (970) 242-1637



CONTRACTOR INFORMATION

Name:										
(Last	:)				(Firs	st)			(N	fiddle)
Business Name (if ap	plicable):									
Address:										
	Street					City			Sta	ate and Zip
Phone No: Home ()			Office ()			Cell ()	
E-mail:				-	Websit	e Addres	s:			
Do you have any spec	cial needs	or medi	cal cond	cerns/lir	nitatior	ns we nee	ed to be a	ware of?	YES NO)
CONTRACT P	ROGR	AM IN	FOR	MAT	ION	attach ac	lditional	pages as n	eeded)	
Program Name:										
Program Description	(how it w	ould loo	k if adv	ertised	in the a	ctivity m	iide).			
r rogram Description	(now it w	ouru 100.	K II aav	Citisca	iii tiic a	cuvity go	arac).			
Please provide sampl	le curricul	lum on se	eparate	sheet o	f paper	•				
What season would the	he prograr	n be ava	ilable?	Winte	er/Sprii	ng (Jan-A	.pr)	Summe	r (May-Aug	g) Fall (Sept-Dec)
Days of the week	M	T	W	TH	F	Sat	Sun			
Time of day	Morni	ng	Mid-I	Day	Afte	rnoon	Even	ing		
Age group	Infant/	Toddler		Presc	hool	Scho	ol Age	Teen	Adult Se	nior (50+)
Maximum number of	participa:	nts per c	lass			Minimu	m numbe	er of partic	ipants per o	class
Staff to participant ra										
Per participant fee rec	quired by	contracto	or (spec	ify if pe	er class	, session,	season,	etc.)		
FACILITY AND	D EQU	IPME:	NT/S	UPPL	IES I	NFOR	MATI	ON		
I will provide a facili	ty (facility	, inspecti	ons are	conduc	cted on	a routine	e basis ar	nd prior to	programs	beginning):
Facility Address:										
<u> </u>	Street					City			Sta	ate and Zip
Is this facility current	ly being υ	ised for t	his sam	ne progr	am or a	ı similar ı	program'	? YES	NO	

I will not prov specifics abou	<i>ide a fac</i> it type of	cility and need floor, lightin	d one to be provided ag, location, etc.	<i>l, d</i> escrit	e what t	ype of	facility is required. Be sure to include
Is storage requ	e describ	YES NO	uirements. Be sure to	o include	e exampl	es of w	that will be stored, for how long, approximate
size of space i	needed, p	proximity to p	orogram, etc.				
What supplies	s/equipm	ent are provid	ded by participant:				
What supplies	s/equipm	ent are provid	ded by contractor:				
What supplies	s/equipm	ent/administr	rative assistance are	provideo	d by City	of Gra	nd Junction:
			INFORMATI				
What informa Home Phone Cell Phone Email	YES YES YES	lld you like li NO NO NO	sted as public inforr Work Phone Fax Number Photo	YES YES YES YES	n the wel NO NO NO	osite:	
Would you like a bio on the website? Would you like a picture on the website?					*YES *YES		*Email bio to staff *Staff will provide instructions

INSTRUCTOR INFORMATION		
Summarize any SPECIAL EDUCATON, TRAINING possess (please provide copies of certificates):	, CERTIF	ICATIONS, SKILLS, AND QUALIFICATIONS <u>you</u>
Summarize the minimum SPECIAL EDUCATON, TI your instructors must possess (please provide copies		, CERTIFICATIONS, SKILLS, AND QUALIFICATIONS rates):
Please explain how you recruit, hire, and train your in	structors t	o ensure they are qualified to teach or lead programs.
Do you conduct background checks on employees?	YES	NO
Do vou conduct drug screens on employees?	YES	NO

What motivated you to contract with Park	s and Recreation? What do you hope t	o gain from this collaborat	ive partnership?			
PROFESSIONAL REFERENCE duties (no family members)	CES: Please list three references for v	which you have performed	similar contractua			
Complete Name, Title, Organization Name	Complete Address	Contact Number	Yrs. Known			
	•					
CONTRACTOR AGREEMENT (Pl	ease read carefully before signing.)					
By my signature below I affirmatively repute described in the application.		nctions of the position for v	which I have			
I understand that all information furnished application to release supporting informat Junction from liability for any claim that it	ion relative to such verification, and re					
Signature:	gnature: Date:					

New Contractor Checklist – For Staff Use Only

Business/Contractor Name	_Contact		Phone
Application Received (original in hallway)		Date	Staff Initial
Sample Curriculum Provided (original in hallway)		Date	Staff Initial
Copies of Certifications (original in hallway)	NA	_ Date	Staff Initial
References Contacted Name/Summary		Date	Staff Initial
Name/ Summary		Date	Staff Initial
Name/ Summary		Date	Staff Initial
Copy of Liability Insurance Received listing City of Grand Junction as additional insured (original in hallway	y)	Date	Staff Initial
Facility Inspection including ADA Review Dave Roper Present/Not Present	NA	Date	Staff Initial
Training on City Policies and Procedures	NIA	D.	G. CCI :: 1
Drop in fees	NA	_ Date	Staff Initial
Attendance sheets		Date	Staff Initial
Supplies and equipment		Date	Staff Initial
Instructor changes/substitutes/cancellations		Date	Staff Initial
Accident/Incident reporting	NIA	Date	Staff Initial
Use of City facilities including storage	NA	_ Date	Staff Initial Staff Initial
Refunds/Complaint process Program evaluations		Date Date	Staff Initial
Scholarship process		Date	Staff Initial
W-9 (turn in to LSR)		Date	Staff Initial
Contract (original to City Clerk, copy in hallway)		Date	Staff Initial
Bio Received and Entered in Active		Date	Staff Initial
Picture Taken in Active	NA	_ Date	Staff Initial
Keys Checked Out	NA	_ Date	Staff Initial