



Northville Parks and Recreation

INDEPENDENT CONTRACTOR PROGRAM PROPOSAL

For new contractors

*Complete application and return to recreation@northvilletownshipmi.gov or mail to:
Northville Parks and Recreation | 16225 Beck Rd. | Northville, MI 48168*

INSTRUCTOR INFORMATION

Last Name	First Name	M. I.
Name of Business or Organization		
Address	City	State Zip
Home or Business Phone #	Cell #	Fax #
Email	Website Social Media Handles	
To whom should checks be payable? <input type="checkbox"/> Individual or <input type="checkbox"/> Business	For tax purposes Only (submit upon program acceptance) Social Security or Tax ID #	

PROGRAM DESCRIPTION

Proposed Program Title:

Program Description for Marketing Materials (including benefit statements and action language, **50 words maximum**)

PROGRAM PREFERENCES

Do you have a preference of when to teach this program? Weekdays Weekday Evenings Weekends

Day(s)/time(s) you prefer? Day(s)/time(s) you cannot teach?

PROGRAM INFORMATION

Age Min.	Age Max.	Min. class enrollment	Max. class enrollment	Seasonal Program Y/N ? Identify Season:
Supply/Material Fee: <i>(Payable to Instructor 1st class)</i>			Items provided by instructor:	
Special Room Requirements:				

Days	Start/End Dates <i>Preference</i>	Start/End Times <i>Preference</i>	No Class Dates <i>(i.e. Holidays)</i>	# of Classes	Suggested program fee	Per class Fee	(office Use Only) Course Number

Office Use Only:	Date Received:	Staff initials:	Program Accepted:	Staff initials:
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PROGRAM CATEGORY		PROGRAM SUB-CATEGORY		
<input type="checkbox"/> 50 North	<input type="checkbox"/> Outdoor Recreation	<input type="checkbox"/> Adult Fitness	<input type="checkbox"/> Enrichment	<input type="checkbox"/> Outdoor Enrichment
<input type="checkbox"/> Community & Special Events	<input type="checkbox"/> Preschool	<input type="checkbox"/> Arts & Culture	<input type="checkbox"/> Family Fitness	<input type="checkbox"/> Recreation
<input type="checkbox"/> Dog Park	<input type="checkbox"/> Therapeutic Recreation	<input type="checkbox"/> Athletics	<input type="checkbox"/> Leagues	<input type="checkbox"/> Senior Fitness
<input type="checkbox"/> Drop In	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Cards & Games	<input type="checkbox"/> Luncheons	<input type="checkbox"/> Trips & Travel
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Youth & Teen	<input type="checkbox"/> Concert Series	<input type="checkbox"/> Open Activities	<input type="checkbox"/> Yoga/Yoga Fitness

INDEPENDENT CONTRACTOR REFERENCES

New Contactor: Please provide 3 references below.

Name	Phone	Email
Name	Phone	Email
Name	Phone	Email

INDEPENDENT CONTRACTOR INFORMATION

Please list your experience and qualifications:

Please provide a Bio: Skills, certifications, accomplishments, etc. as they pertain to the program you are instructing. A headshot or preferred picture will also be required upon program approval. This information may be used in marketing materials including social media. (50 words maximum)

INDEPENDENT CONTRACTOR REQUIREMENTS

Contractor agrees to communicate all program needs, pricing, schedules, and logistics in accordance with Department deadlines and protocols; request a list of registered participants prior to the first session; maintain accurate attendance records and submit them to the Department upon course completion as requested; report any accidents or incidents occurring during a course and submit written documentation within 24 hours (with documentation completed by a Township employee); and contact the Department regarding all cancellations and incidents/accidents. Parks and Recreation staff and the Contractor will mutually agree on procedures for notifying enrollees of any cancellations. The Contractor shall take responsibility for the supervision of participants and the reasonable care of all facilities used, including exercising due diligence in the handling, securing, and return of Department equipment, ensuring receipts are signed upon return. If the Contractor is unable to conduct a scheduled course or program (providing at least 24-hour notice when possible), one of the following protocols will apply: no makeup session with participants receiving a prorated refund; a makeup session scheduled at the earliest mutual availability; or arrangements made for a qualified substitute instructor (with the Contractor responsible for required background checks). The Contractor further agrees to complete a program evaluation form upon course completion; comply with all Department policies and procedures; successfully complete a Northville Township criminal background investigation and ensure the same for all staff involved in Department programs; assume all responsibility and liability for assigned staff and volunteers; sign the contract and hold harmless agreement annually; and procure and maintain insurance as required under Section 13 of the Independent Contractor Contract Agreement.

COMPENSATION INFORMATION

Contractor will be paid within thirty days of the completion of the program as long as all appropriate paperwork has been submitted. Contractor will be required to submit an accurate invoice within 30 days of each program/session completion. If compensation is based upon facility charges, they will be calculated based on a designated percentage of the current rental rate at the time of the signed Addendum. If compensation is based upon the number of persons being instructed or supervised, only those persons on the official roster provided by the Department shall be counted for this calculation. Contractor compensation rates are based on the resident rate only, regardless of a participant's residency status.

APPLICANT SIGNATURE

By signing, applicant has reviewed and agrees to terms set forth in this application.	Signature	Date Signed
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FOR OFFICE USE ONLY

Received By	Date Received
Approved By	Date Approved