



## Contract Instructor Class Proposal for 20\_\_

<b>Name</b>		<b>Address</b>
<b>Business name (DBA)</b>		<b>City, Zip</b>
<b>Website</b>		<b>Main Number</b>
<b>Email</b>		<b>Cell Number</b>
<b>COA Vendor#</b>		

### CURRENT LICENSES, CERTIFICATIONS OR REGISTRATIONS

### Date Received

(Please attach current copy)

1.	
2.	

### **Instructor Bio** (Years of experience, certifications, trainings. Please attach current resume)

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**Class or Program Title:** \_\_\_\_\_

**Facility Preference:** \_\_\_\_\_ (“All” if no preference)

**Program Description** (Be Specific) – Give a brief description of your class/program. Add attachments as necessary (class flyers)

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***For Consideration Only - Special Facility Request (Room size, tables, chairs, mats, etc)***

**Class Day Request:** Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**# Hours Per Class** \_\_\_\_\_ **Preferred Class Time** \_\_\_\_\_

**Minimum Students Required?** \_\_\_\_\_ **Maximum Students Required?** \_\_\_\_\_

**Age Range this will serve?** \_\_\_\_\_

**Session Price Range:** \$ \_\_\_\_\_ to \$ \_\_\_\_\_ for \_\_\_\_\_ (# of days or classes)  
(Example: \$5 to \$20 for 4 weeks @ 1 class per week)

**Drop-in Price for one class \$** \_\_\_\_\_ **Additional, outside class cost: \$** \_\_\_\_\_

I certify that I have made no misrepresentation in this proposal and I have not withheld information in my statements and answers to questions. I hereby authorize the City of Austin to investigate and verify any representations made by me, either orally or in writing. I hereby release the City, and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am also aware that my proposal is subject to the Texas open records law and may be released as a public document. I also understand that this proposal is the property of the City of Austin.

☐ **Individual or Sole Proprietorship and will be the only one teaching this program & requesting the City of Austin conduct a CBI/Fingerprinting**

☐ **Non-Individual Contractor (more than one instructor, including substitutes & volunteers) I will have additional instructors, personnel or volunteers to help with this program**

**Signature of Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(A completed form returned by email will be considered signed)

**Two ways to return this completed form:**

**Email:** [amy.russell@austintexas.gov](mailto:amy.russell@austintexas.gov)

**Mail:** Austin Parks & Recreation  
Attn: Amy Russell  
200 South Lamar  
Austin, TX 78704

*(For more information – 512-974-3909)*