



### Independent Contractor Program Proposal Guidelines

Thank you for your interest in providing a recreation class, camp or clinic for the City of Imperial Beach Parks & Recreation Department. Program sessions run quarterly: Winter, Spring, Summer and Fall. Classes are typically held within a 10-week session.

#### Activity Proposals must include:

- Class, camp or clinic you would like to offer – provide class title
- Participant age range
- Participant minimum and maximum capacity per class
- Ratio of instructors to participants
- Format/Schedule of program (i.e., one hour, once a week for 8-10 weeks or week long camp)
- Days and times of program (list all options that work for your availability)
- Fee per participant and expected contractor compensation
- Additional fees required from program participant (i.e., uniform or materials fee)
- Education, experience, and qualifications (resume can be attached)
- Facility requirements (size, tables, and chairs, etc.)
- References from program participants or other agencies
- Reason you would like to offer your program through the City of Imperial Beach Parks and Recreation Department
- Your contact information: address, phone number and email address

<u>Session</u>	<u>Program Dates</u>	<u>Proposal Deadline</u>	<u>Program Registration Begins</u>
Winter	January-March	September 1	December
Spring	April-June	December 1	March
Summer	June-September	January 1	April/May
Fall	September-December	June 1	August/September

#### Please send proposal to:

[parksandrec@imperialbeachca.gov](mailto:parksandrec@imperialbeachca.gov)

#### OR Mail:

City of Imperial Beach  
Parks & Recreation Department  
825 Imperial Beach Blvd  
Imperial Beach, CA 91932

Program selections are made based primarily, but not limited to, the following criteria: the activity is required to be recreational in nature; the program reflects a community need or request; applicable certifications and or qualified experience of the instructor; proven success implementing a program in a community based, or similar recreational setting; time and space constraints of available facilities; and currently existing similar community programs(s). Your proposal will be reviewed, and you will be contacted if additional information is needed or if your program is selected to be considered for upcoming sessions. You may be invited for an interview, possible additional requirements including Liability Insurance meeting the City's requirements and Tuberculosis screening will be discussed. Any questions you may have can be answered at this time. If your program is offered through the City of Imperial Beach Parks and Recreation Department and Independent Contractor agreement will be implemented. Independent Contractors are not City of Imperial Beach employees and are required (and all their staff) to clear a Department of Justice background check, have a City of Imperial Beach Business License and Tuberculosis screening.

If you are not contacted within one month of the above listed proposal deadline your program was not selected for the upcoming session. Your proposal will be kept on file for future consideration.



**CLASS PROPOSAL FORM**  
 (EACH CLASS NEEDS A SEPARATE PROPOSAL)

**Instructions:** Please type or print using ink. Answer all questions accurately and completely. All statements in your application are subject to verification and any false or misleading statements may bar you from becoming a contract instructor with the City of Imperial Beach.

Name of Applicant (Contract Instructor):		Will Class have additional instructors: YES NO
If additional Instructors List Names:		

**CLASS NAME PROPOSAL\*:**  
 \*Name proposals might be changed.

**TYPE OF CLASS:**

**CLASS DESCRIPTION:**  
 Please provide a description of your class in twenty (20) words or less to be used in online promotions.

<b>Day(s) of the week for class (circle days):</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Do you have a preference to teach this class?</b>	Weekdays		Weekday Evenings		Weekends		

<b>Location(s) Requested for Class:</b>		<b>Proposed Starting Time:</b>		<b>Proposed Ending Time:</b>		<b>Set-up/ Clean-up Time Requested:</b>	
<b>Age Min.</b>		<b>Age Max.</b>		<b>Age Groups Examples:</b> Preschool (2-5)      Adults (18 and up) School Age (6-12)      Mature Adults (50 and better) Teens (13 - 17)      Developmentally Disabled			

<b>Length of Class (30 min, 60 min, etc.)</b>		<b>Season (See Below):</b>		<b>How many weeks per session?</b>	
<b>Seasons for classes: Winter:</b> January – March <b>Spring:</b> April – June <b>Summer:</b> July – September <b>Fall:</b> October - December					

<b>Proposed Class Fee*:</b>		<b>Additional Fees for Participants (art supplies, karate uniforms, etc.):</b>	
<p><b>*Proposed Class Fee</b> should account for the <b>contractual percentage split</b> between instructor and City.</p> <ul style="list-style-type: none"> <li>• Compensation rate is traditionally 60% of collected fees</li> <li>• Compensation is based on <b>Resident rate only minus the admin fee</b>. A <b>\$5 processing fee</b> and a <b>non-Resident rate</b> will be added to your suggested fee.</li> <li>• A non-Resident rate will be added to suggested fee.</li> <li>• *I.E. <i>IF</i> your suggested class rate per session is \$100, the class would list for \$105 Res. and \$115 Non-Res</li> <li>• Your payment per participant would be <b>60% of \$100</b> per student that completes your class.</li> </ul>			

<b>Will participants be required to have any prerequisites?</b>	<b>Yes</b> <b>No</b>	If yes, explain:
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<b>Will participants need to furnish any materials/supplies?</b>	<b>Yes</b> <b>No</b>	If yes, explain:
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Will you, the contractor, be providing any materials/supplies?	<b>Yes</b> <b>No</b>	If yes, explain:
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Facility Requirements (i.e., chairs, tables, gym, whiteboard, room size, etc. –be specific)	
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Special instructions and/or other information pertinent to this program (type of clothing participants need, end of year art show or recital, location of classes, etc.)	
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Describe any documents, certifications or achievements that participants may obtain at the conclusion of this class:	
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**Please attach any additional information that will provide us a clear and complete understanding of your proposed class.**

The Independent Contractor named above (“Contractor”) agrees to perform for the City of Imperial Beach (“City”) the class instruction as specified on this proposal form, to the best of the Contractor’s ability and in a professional manner. Contractor acknowledges that the class will be advertised in City publications and that, if any changes to the class are to be made, Contractor is responsible for notifying the City’s Director of Recreation of the changes as soon as possible. Understanding that the City does have timelines to abide by Contractor will respect those and work to stay within them. Contractor understands that if the City has advertised the class in City publications, Contractor is legally bound to instruct and hold the class and failure to do so may be grounds for the City not retaining Contractor in the future. Furthermore, Contractor understands that it is Contractor’s responsibility to be aware of all important dates such as start and end dates and deadlines to turn any paperwork into the Recreation Department.

Print Name:	Date:
Signature:	

**Please Note:**

All proposals will be reviewed by the City of Imperial Beach Parks and Recreation Department. We make no guarantees that your class proposal will be selected. Not all class proposals will be a good fit for the department or facilities. If a class proposal is selected, you will get a call from the Imperial Beach Parks and Recreation staff. In addition, if a class has low attendance for consecutive sessions the City reserves the right to cancel the class and/or no longer offer the program.

- IF** you are selected to teach a class through the City of Imperial Beach Parks & Recreation Department, there are a variety of things that you will be required to submit prior to starting, including, but not limited to the following:
- Imperial Beach Business License: Obtained through the city finance department.
  - Current and Valid Driver’s License & Auto Liability Insurance
  - Certificate of Liability Insurance (Public & General Liability and Property Damage)
  - Workers Compensation Policy (If employees)
  - Live Scan Fingerprinting: Obtained by the contractor at the contractor’s expense.
  - Current Tuberculosis Test: Taken within the last two years, showing the contractor and any employees are free from tuberculosis.
  - W-9 Tax Identification Form: Download and complete via the IRS.gov website
  - **Independent Contract Instructor Agreement**

**RETURN PROPOSAL FORMS TO:**  
 City of Imperial Beach Parks & Recreation Department  
 825 Imperial Beach Blvd., Imperial Beach 91932  
 For questions contact: (619) 423-8285 / Email: parksandrec@imperialbeachca.gov



**Instructor Information**

**Instructions:** Please type or print using ink. Answer all questions accurately and completely. All statements in your application are subject to verification and any false or misleading statements may bar you from becoming a contract instructor with the City of Imperial Beach.

Last Name:		First Name:		Middle:	
Name of Business or Organization:					
Address:		City:	State:	Zip:	
Email:		Phone:		Addit. Phone:	
Web Address:					
Are you an employee of the City of Imperial Beach?				<b>Yes</b> <b>No</b>	If yes, explain:

Does the City of Imperial Beach employ any of your agents, employees, or subcontractors?				<b>Yes</b> <b>No</b>	If yes, explain:
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List your experience related to the class(es) you have taught in the past beginning with the most recent unless a résumé is attached. Candidates are encouraged to submit additional information to assist in evaluation of qualifications.

AGENCY		CLASS(ES) TAUGHT
ADDRESS	START DATE	DESCRIPTION OF CLASSES
CITY, STATE, ZIP CODE	END DATE	
SUPERVISOR	PHONE	REASON FOR LEAVING

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<b>Instructor Experience:</b> Please list all skills, certifications, and accomplishments as they pertain to what you are teaching. This information may be used in the recreation activity pamphlet, on our social media, or other outlets to assist with marketing your class and/or program.
Please describe specific training which would qualify you to teach this class:
Please list any recreation classes/programs you have previously taught for the City of Imperial Beach:
Please list certificates or licenses of professional or vocational competence you possess which relate to this class:

Please attach any additional information as required by this application. You may also attach information which describes in greater detail any aspects of your experience or activities that are pertinent to the class you hope to teach. Any subcontractors for the proposed class must complete, on a separate Intent to Instruct Class Proposal Form, the personal data and experience sections, and comply with requirements as specified in the Independent Contractor Agreement, including providing clearance of Live Scan from California Department of Justice and Federal Bureau of Investigation.

Certificate of Applicant	
I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I authorize the City of Imperial Beach to make investigations and inquiries that are limited to the requirements to teach this class. I hereby release employers, schools, or persons from any liability in responding to inquiries in connection with my application. I understand that any false or misleading information given in my application will subject me to disqualification. I acknowledge that if selected as a contractor for the City of Imperial Beach, I have no authority to bind the City and will not make any representations that I am an employee or agent of the City but would instead serve as an independent contractor and accept associated responsibilities.	
<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	

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