



Parks, Recreation and Open Space Department

1500 Coalton Road • Superior, CO 80027 • 303-554-9005

www.superiorrec.com • TOSPROS@superiorcolorado.gov

New/Renewal - Recreation Program/Service - Proposal

INDEPENDENT CONTRACTOR INFORMATION

Name:

Business Name:

New or Renewal Program/Service:

Date:

PROGRAM OR SERVICE INFORMATION

Proposed Program or Service:

Description (This information will be used in the Recreation Guide, once program or service is approved):

Program/Service Goals & Objectives:

Proposed Location(s):

Proposed Times/Lengths:

Proposed Session/Duration Dates:

Minimum # of Participants:

Maximum # of Participants:

Participant Age Range(s):

REQUIREMENTS

Program/Service Fee:

Equipment/Resources:

Marketing Requests:

BENEFITS

How will this program or service benefit the Town of Superior:

What does your program or service offer that others do not?

Additional information you would like us to know about your program or service.



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New/Renewal - Recreation Program/Service – Evaluation Form

**This form will be completed by Town of Superior PROS department staff.*

Date Proposal Received:

Proposed Program or Service:

Please respond to the following questions using information provided in the **New/Renewal Recreation Program/Service Proposal Form**:

1. Do the objectives and outcomes of the program or service support the PROS Department mission?

_____ Yes _____ No *(If no, do not offer.)*

2. Which core area will the program meet?

_____ Sports
_____ Arts
_____ Youth, Teen & Family
_____ Aquatics, Fitness & Wellness
_____ Active Seniors
_____ Special Events & Projects
_____ Environmental

_____ None *(If none, do not offer.)*

The Goal of the PROS Department Recreation Programming Staff is *“To provide quality programs that meet the needs of the community, maximize resources, promote our programming core values and provide the community a variety of opportunities to participate in both self-directed and leader-directed activities.”*

3. Is there community need for the program? *(A “Yes” response will support the PROS Department Goal of meeting community needs.)*

_____ Yes _____ No *(If no, do not offer.)* _____ Unknown

4. Are appropriate resources (i.e. facilities, equipment, etc.) available for the program?

_____ Yes _____ No

If yes, will the program assist in maximizing available resources? (A "Yes" response will support the PROS Department Goal of maximizing resources.)

If no, can appropriate resources be secured?

_____Yes_____No (If no, do not offer.)

5. Will the program promote the PROS Department Programming Core Values? (A "Yes" response will support the PROS Department Goal of promoting Programming Core Values.)

_____Yes_____No (If no, do not offer.)

If yes, which Programming Core Values are supported by the objectives and outcomes of the program?

_____Health & Wellness

_____Environmental Education, Stewardship and Sustainability

_____Community Enrichment

_____Public Safety

_____Accessibility

_____Personal Growth and Enrichment

*The program must meet a minimum of three Programming Core Values to be considered for implementation. If three Programming Core Values are not met, do not offer.

6. Is a similar program already offered by the PROS Department? (A "No" response will support the PROS Department Goal of providing a variety of opportunities to participate in both self-directed and leader-directed activities.)

_____Yes_____No

If yes, can the program be implemented without adversely affecting the other offering(s)?

_____Yes_____No (If no, do not offer.)

7. Is a similar program already offered by another provider within the community/surrounding area?

_____Yes_____No

If yes, is there sufficient community demand to provide additional offerings?

_____ Yes _____ No (If no, do not offer.)

8. The outcome of participant involvement in the PROS Department Core Programs and Services shall support primary objectives. Which of the below participant objectives are supported by the proposed program?

_____ Encourage Socialization & Personal Growth
_____ Improve Health & Wellness
_____ Build Life-long Skills
_____ Provide Accessibility
_____ Support New Trends and/or Community Demand

9. Is the individual or group submitting the program/service proposal qualified to instruct the program?

_____ Yes _____ No

If no, do they have the ability to hire qualified instructors/support staff?

_____ Yes _____ No (If no, do not offer.)

***Additional notes regarding proposed program or service:**

Response to Program or Service Proposal

The request for a new or the renewal of this program or service is:

____ Approved ____ Not Approved.

Reason(s) for decision:

*Comments, questions, or concerns regarding the decision to approve/deny the program proposal may be directed to the PROS Department Recreation Manager at (303) 499-3675 x.163.