



Contract Instructor Class Proposal for 20

Name		Address
Business name (DBA)		City, Zip
City Vendor Number		Main Number
Email		Cell Number

CURRENT LICENSES, CERTIFICATIONS OR REGISTRATIONS

Date Received

(Please attach current copy)

1.		
2.		

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

Class or Program Title: _____

Facility Preference: _____ (“All” if no preference to facility or travel time)

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

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)

Three ways to return this completed form:

Fax - 512-978-7508

Or Email: lonnie.lyman@austintexas.gov

Mail: Austin Parks & Recreation

Attn: Lonnie Lyman

200 South Lamar

Austin, TX 78704

(For more information – 512-974-3921)