



## Program Proposal Form

Palm Bay Recreation  
Troy Cox, Recreation Division Manager  
[troy.cox@pbfl.org](mailto:troy.cox@pbfl.org) | (321) 733-3007

Please complete and return to the Recreation Division Manager. Include flyers, brochures, or additional materials which may help describe the program. Additional information may be requested.

**Name of Program/Class:** \_\_\_\_\_

Target Age Group: \_\_\_\_\_ Number of Weeks per Session: \_\_\_\_\_

Day(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

Minimum # of Participants: \_\_\_\_\_ Maximum # of Participants: \_\_\_\_\_

Program/Class Fee: \_\_\_\_\_

Room/Space Requirements (set-up): \_\_\_\_\_

Materials to be supplied by participants: \_\_\_\_\_

Materials to be supplied by instructor/organization: \_\_\_\_\_

Do you do your own advertising? If yes, what kind? \_\_\_\_\_

Do you currently offer the program at another municipality? If yes, where? \_\_\_\_\_

A minimum of \$1,000,000 commercial general liability insurance is required before final approval.

Do you currently meet this requirement? Y \_\_\_\_\_ N \_\_\_\_\_ *If yes, please attach\**

**NOTE:** Please attach any current relevant certifications

**NOTE:** Please attach Business Tax Receipt and Articles of Incorporation with submitted proposal

**NOTE:** Organizations must comply with the requirements of the U.S. Department of Homeland Security's E-Verify requirements for any workers working within City properties and facilities

**Name of Instructor/Organization:** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** Forms that have included all required information will be reviewed. Once reviewed, the division manager will notify the applicant of the status of the application. Any applicant running programs at any City of Palm Bay recreational facility are required to sign a contract outlining the scope of services and carry liability insurance.