

City of Martinez

Independent Contractor Proposal Information

Submitting a Proposal

Thank you for your interest in working with Community and Recreation Services. Attached you will find a copy of our Independent Contractor Program Proposal Form. Be sure to fill out the enclosed form as completely as possible, including the days, times and possible dates for the program you are interested in offering. Your description should contain the information you would place in the recreation guide.

Please note, submitting a proposal does not guarantee that the class or activity will be added. Please return completed proposal to recreation@cityofmartinez.org. Once your proposal is reviewed, staff will be in contact to discuss your proposal.

Class Fees

All independent contractors set their prices. Staff can provide you with assistance on current market conditions. Your class fee must be included in the proposal along with any additional fee not covered in the cost. Please note: the split between the Independent Contractor and the City is 60/40% and the additional costs for non-residents will not be included in payment.

Program Dates

Our programs run on a quarterly schedule; therefore, program offerings need to coincide with the following months.

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Proposal Criteria

The following criteria will be used when determining the types of activities, we will offer as part of our programming schedule please read it over carefully and consider the following questions:

- 1. Is this program in alignment with our Mission Statement?
- 2. Will the proposed program enhance the recreational, social, educational, and/or health and wellness needs of the community?
- 3. Will the program provide a financially beneficial return if offered?
- 4. Has the public requested the activity/class? If so, please provide supporting information.

Process

If the proposal is agreed upon, staff will contact you to move forward in the process. At this time, the following documents will be necessary to complete the process: W-9, Liability Insurance, Additional Insured Endorsement Form, DOJ background check, TB test (when necessary). Please consider this in your cost proposal and timing of submission.

Thank you for your interest in serving the Martinez Community. Any questions please contact: recreation@cityofmartinez.org or call 925-372-3510.



Independent Contractor Program Proposal

Instructor(s) Name:				
Business/Organization (if any)	:			
Address Street	City		Zip	
Business Phone:	Cell Pho	ne		
Email Address:				
Website (if any):				
Program Title:				
Program Description:				
Materials/Equipment please spe	ecify:			
Facility Needed:				
Classroom (Seats 10-20)	Multi Purpose Room (Seats 30-100)	Other		
. ,	Minimum:	Maximum:		
Class Age Range:	Prerequisites:			
Day(s):	Time (s):	# of Weel	# of Weeks:	

Class Fee: Cost*_____ Additional Lab Fee (if applicable): ______ *Reminder: Split with City Is 60/40% of Cost

Supply List (if applicable):____

Facility/set-up requirements: Please attach Rough Layout

Please accept the following documents:

Resume Program outline Room layout (if necessary)