



**CANTON**  
**PARKS & RECREATION**  
Inspiring People. Celebrating Community.

**REQUEST FOR PROPOSALS**  
***RECREATION PROGRAMS***

## Introduction and Proposal Guidelines

The Town of Canton, Department of Parks and Recreation may accept proposals from vendors interested in operating a recreation program using Town of Canton facilities or other program specific facilities not available from the Town of Canton.

The purpose of this packet is to outline the process for submitting proposals to the Department of Parks and Recreation for recreation programs. Submission of a proposal does not guarantee approval and submissions must align with the mission of the Department of Parks and Recreation.

## Department of Parks and Recreation Mission

Our mission is to enrich the lives of all citizens through diverse and innovative recreational programs and services. With a focus on the arts, sports and games, the outdoors, education, and celebrations, we provide both active and passive social opportunities that build community and inspire personal growth. Our parks provide support for active and passive recreation that contributes to enhancing the quality of life. The department encourages citizens to become active, responsible, and engaged members of the community.

## The Process

- Step 1            The vendor submits proof of insurance and the *Recreation Program Proposal Form* by the proposal due date.
- Step 2            The Department reviews the proposal to determine if the program meets the criteria (see page 4).
- Step 3            The Department determines approval or denial of the proposal.
- Step 4            The Department enters into a written agreement with the vendor.
- Step 5            The Department begins the marketing and registration process.

## Required for Proposal Submission

- Completed *Recreation Program Proposal Form*
- Proof of Insurance and Certificates: Workers Compensation, General Liability, Automobile, and Umbrella insurance for the minimum amount required as outlined on the Town of Canton Insurance & Indemnification form and must include Town of Canton as an additional insured.
- Copies of all required licenses, certifications, or credentials specific to the program. *Examples: CPR, First Aid, AED, etc.*

## Required after Approval of Program Proposal

Documentation of CORI background checks is required for all program facilitators. In addition, camps are required to provide documentation of SORI background checks for all camp personnel.

All background checks are done at the expense of the Vendor and must be completed within 12 months of the end date of a program. If the vendor isn't registered with MA Criminal History Board, the recreation department will CORI the instructors.

Documentation of completed background checks on facilitators or instructors must be submitted to the Asst. Director no later than 30 days prior to the start of a program.

### **Criteria used to Evaluate Proposals**

1. Alignment with the Department mission
2. Meets the needs and interests of the community
3. Diversity and innovation of programming
4. Suitability and availability of facilities
5. Cost to Participants
6. Experience with other Recreation Department

### **Marketing**

The Department provides marketing and communications for all programs. Standard marketing may include the annual summer magazine, website (cantonrec.com), social media, email distribution lists, and other shared town-wide resources. Additional marketing must be approved by the Department in advance.

### **Registration**

All registrations are required to take place through the Department in person, or online at [cantonrec.com](http://cantonrec.com). Vendors and their respective facilitators are prohibited from collecting payments and/or registration forms.

### **Rosters**

Rosters will be given to vendors by the Canton Park and Recreation Department.

Individuals that are not listed on the [cantonrec.com](http://cantonrec.com) roster are prohibited from participation. The Vendor should direct these individuals to contact the Department in order to resolve the issue, or to register for the program, updated rosters will be given to the Vendor. Any and all roster information provided through the use of [cantonrec.com](http://cantonrec.com) is confidential and is prohibited from use unrelated to the specific program outlined in the agreement between the Vendor and the Department.

### **Facilitators**

Although employed by the Vendor, facilitators represent the Department and the Town of Canton. Facilitators must conduct themselves in a professional manner taking into account his/her personal appearance, maintaining appropriate communications, and supporting Department and Town policies.

**Payments**

On the *Recreation Program Proposal Form*, Vendors are responsible for proposing a percentage split (between the Vendor and the Department) of the revenue from official program registrations.

A completed W-9 Form is required from all Vendors prior to the start of a program. Upon completion of the program, Vendors must submit an invoice for payment. Advanced payments are not possible. Invoices must include Vendor Name, Address, Phone, along with breakdown of finances based on official program registration. The Department will not pay out on participants who received an agreed upon refund. Invoices should be submitted to the Asst. Director in order to receive a timely payment. Vendor payments will be processed and mailed out within 15 business days of receipt of the invoice.

**Program Fees**

On the *Recreation Program Proposal Form*, Vendors are responsible for proposing the program fee to be advertised. The Vendor should consider the percentage split with the Department when determining the program fee.

**Program Cancellations and Postponements****Vendor:**

In the event that a facilitator is unable to run a program due to an emergency, it is the responsibility of the vendor to find a substitute that has been approved by the Department. If an approved substitute cannot be found, the vendor must contact the Department immediately in order to cancel or postpone the session. Refunds owed to participants will be determined according to the terms outlined in the written agreement between the Vendor and the Department.

**Department:**

If a program does not meet the minimum number of registered participants by the registration close date, the Asst. Director will contact the Vendor to discuss whether or not to extend the registration close date and/or to proceed with the program.

**Inclement Weather:**

In the event that the Canton Public Schools and/or the Town of Canton offices have an early dismissal/release or are closed due to inclement weather, all Canton Parks and Recreation programs will be canceled.

All participant questions regarding a refund should be directed to the Department.



**\*\*\*\*Office Use Only\*\*\*\***

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Status:        \_\_ Approved \_\_ Denied  
 Entered:        \_\_\_\_/\_\_\_\_/\_\_\_\_

**Recreation Program Proposal Form**

**Vendor Information**

<b>Contact Person</b>	
<b>Company Name</b> <i>(if any)</i>	
<b>Address</b>	
<b>Phone</b>	
<b>E-mail Address</b>	

**Program Information**

<b>Program Name</b>			
<b>Program Description</b> <i>Please be brief and accurate and include the purpose and goal of the program. The department reserves the right to make changes.</i>			
<b>Facilitator Name(s)</b>			
<b>Complete Both</b>	<b>Age Range</b>		
	<b>Grade Range</b>	Pre-K and K <input type="checkbox"/>	Elementary (1-3) <input type="checkbox"/> Elementary (4-5) <input type="checkbox"/>
		Middle School (6-8) <input type="checkbox"/>	High School (9-12) <input type="checkbox"/>
<b>Gender</b>	Males <input type="checkbox"/>	Females <input type="checkbox"/>	Both <input type="checkbox"/>
<b>Participants</b>	Maximum:		Minimum:
<b>Expected Gross Revenue</b> <i>(Cannot exceed \$35,000)</i>	\$		
<b>Percent of Gross Revenue given to Canton</b> <i>(Percentage owed to the Department must meet a minimum of 15% of the gross revenue)</i>			

<b>Fee Split</b> <i>(per registration)</i>	Vendor: \$		Canton: \$	
<b>Advertised Fee</b> <i>(listed on <a href="http://www.cantonrec.com">www.cantonrec.com</a> and to be split by Vendor/Canton)</i>	\$			
<b>Activity Notes</b> <i>Please list all items that participants need to bring, wear, etc. Attach list if needed.</i>				
<b>Please list all questions participants are required to answer during registration.</b> <i>Attach list if needed.</i>				
<b>Season (check only one)</b>	<b>Spring</b> <i>Mar 1-May 31</i> <input type="checkbox"/>	<b>Summer</b> <i>June 25-Aug 24</i> <input type="checkbox"/>	<b>Fall</b> <i>Sep 1-Nov 30</i> <input type="checkbox"/>	<b>Winter</b> <i>Dec 1-Feb 28</i> <input type="checkbox"/>
<b>Preferred Location</b>	<b>Armando Recreation Center</b>		101A <input type="checkbox"/>	102 <input type="checkbox"/>
			200 <input type="checkbox"/>	
	<b>Bolivar Pool</b>		<input type="checkbox"/>	
	<b>Athletic Field(s)</b> <i>Please check availability on <a href="http://cantonrec.com">cantonrec.com</a></i>			
<b>Additional Comments</b>				
<b>Number of Sessions Offered</b>				

Please complete the below section(s), as needed, for each session.

<b>Session 1 Dates and Times</b>				
<b>Program Day(s)</b>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
	Friday <input type="checkbox"/>	Saturday <input type="checkbox"/>	Sunday <input type="checkbox"/>	
<b>Program Date(s)</b>				
<b>Start Time</b>				
	AM/PM			
<b>End Time</b>				
	AM/PM			
<b>Registration Close Date</b>				

<b>Session 2 Dates and Times</b>	
<b>Program Day(s)</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM
<b>Registration Close Date</b>	

<b>Session 3 Dates and Times</b>	
<b>Program Day(s)</b>	Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/>
<b>Program Date(s)</b>	
<b>Start Time</b>	AM/PM
<b>End Time</b>	AM/PM
<b>Registration Close Date</b>	

**TOWN OF CANTON**

Subcontractor/Vendor: \_\_\_\_\_

**Insurance & Indemnification**

This agreement becomes part of the subcontract and/or purchase order for which the subcontractor/vendor is performing services for the Town of Canton any time during the period July 1, 2018 through July 1, 2019.

Subcontractor/Vendor shall maintain Workers Compensation, General Liability, Automobile and Umbrella insurance for the minimum amount required or as outlined below, whichever limits and coverage are higher. Insurance coverage and Certificates of Insurance shall be provided and include Town of Canton as an additional insured on a primary and non-contributory basis under the General Liability & Umbrella policies. The Workers Compensation shall include a waiver of subrogation in favor of Town of Canton.

Minimum required insurance limits (coverage written on an occurrence basis):

**Commercial General Liability**

- \$ 2,000,000 Products / Completed Operations Aggregate Limit
- \$ 2,000,000 General Aggregate (Other Than Products / Completed Operations)
- \$ 1,000,000 Any One Occurrence
- \$ 1,000,000 Personal & Advertising Injury

**Automobile Liability (All Owned, Non-Owned & Hired Autos)**

- \$1,000,000 Each Accident (Combined Single Limit)

**Commercial Umbrella**

- \$ 1,000,000 Products / Completed Operations
- \$ 1,000,000 General Aggregate
- \$ 1,000,000 Any One Occurrence

**Employers Liability**

- \$ 500,000 Each Accident
- \$ 500,000 Each Employee for Injury by Disease
- \$ 500,000 Aggregate for Injury by Disease

To the fullest extent permitted by law, the Subcontractor hereby acknowledges and agrees that it shall indemnify, hold harmless and defend Town of Canton, the Owner, Architect and Engineer and any of their officers, directors, employees, agents, affiliates, subsidiaries and partners from and against all claims, damages, losses and expenses, including but not limited to, attorney fees, arising out of or resulting from the performance of the Subcontractors / Vendors Work, provided that any such claim, damage, or loss or expense (1) is attributable to bodily injury, sickness, disease or death or injury to or destruction of tangible property (other than to the Work itself) including loss of use resulting there from, and (2) is caused in whole or in part by any acts or omissions of the Subcontractor / Vendor, its employees, agents or sub-subcontractors or anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable.

The Subcontractor / Vendor hereby acknowledges its obligation under the forgoing paragraph to indemnify the Town of Canton against judgments suffered because of the Subcontractors / Vendors Work and to assume the cost of defending the Town of Canton or against claims as described in the forgoing paragraph.



THE SUBCONTRACTOR/VENDOR MUST FURNISH TOWN OF CANTON WITH A SIGNED AGREEMENT & VALID CERTIFICATE OF INSURANCE **before entering the worksite/jobsite.**

Town of Canton

Subcontractor/Vendor: \_\_\_\_\_  
Address \_\_\_\_\_

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_