



North Vancouver Recreation Commission

3rd Party Program Proposal

Background Information

Representative Name: _____
Last *First*

Address: _____
Street Address *Apartment / Unit #*

City *Province* *Postal Code*

Phone: _____ Email: _____

Business Name: _____
(If different from above)

Address: _____
Street Address *Apartment / Unit #*

City *Province* *Postal Code*

Phone: _____ Email: _____

The Provider meets the following Revenue Canada requirements:

- | | | |
|---|------------------------------|-----------------------------|
| GST Registration (if earning more than \$30,000/year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If earning less than \$30,000, an annual business license | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employers must be registered with Worksafe BC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| \$5 million Liability Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROGRAM PROPOSAL

Age of Participants:

- | | | |
|---|---|--|
| <input type="checkbox"/> Preschooler (ages 1-5) | <input type="checkbox"/> School Age (ages 6-12) | <input type="checkbox"/> Teen (ages 13-19) |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Senior | <input type="checkbox"/> All Ages |

INSTRUCTOR QUALIFICATIONS cont...

The Provider is responsible for ensuring that all instructors have thorough background checks that include:

- 1. RCMP Criminal Record check
- 2. Past Employment Reference checks

FACILITY

Preferred location(s): _____

Please indicate what type of space is required for program

SPECIAL ACCOMMODATIONS

Is your program adaptable to persons with disabilities? Yes No

LENGTH OF PROGRAM

Format of Program(s): Workshop Sessions

Ideal no. of sessions: _____

MIN / MAX

What is your recommended minimum and maximum number of participants for this class?

Min: _____ Max: _____

EQUIPMENT / SUPPLIES

The contractor will supply all equipment/supplies, assure that it meets current safety and industry standards/guidelines and is in proper working condition. List equipment and supplies required to conduct this program in the appropriate spaces below. Please include any Safety and Industry Standards and Guidelines:

Are participants expected to bring any supplies/equipment? If yes, please list.

SAFETY AND EMERGENCY FACTORS

The Provider is responsible for informing participants of risks involved with use of equipment or supplies to ensure safe program conditions and participation. Please provide the following information:

- List all safety, health and risk factors that will be communicated to participants.

MARKETING AND PROMOTION

The provider is required to promote and market the program. Please describe how you will promote your program.

REFERENCES

Organization: _____

Contact Person/Title: _____

Phone: _____ Email: _____

Relationship: _____

Organization: _____

Contact Person/Title: _____

Phone: _____ Email: _____

Relationship: _____

VERIFICATION OF INFORMATION STATEMENT

I agree that the statements and information provided in this document are correct. I will notify in writing the NVRC of changes to the information in this document. I understand if required, that I may need to provide verification of information/certifications requested within this document.

Signed: _____ Date: _____

Office Information

Date application received: _____

Reviewed for approval by: _____ Date: _____

Service Area Coordinator

Approved by: _____ Date: _____

Manager, Recreation Program Services