

Springfield Park Department

Program Information & Proposal

Program Name _____

Preferred Day

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Program Costs

Instructor Fee _____

Staff Fee _____

Supplies (from worksheet) _____

Marketing (from worksheet) _____

Total _____

Preferred Time

3:30 p.m. 5:30 p.m.

Years of experience:

Content _____ Programming _____

Program Capacity _____

Cost per participant _____

Program Description (as it would appear in advertising)

Activity Type (select one)

Enrichment Hobbies Academic Community Service Job Training

Outcome Measure (measureable change in participant skill or behavior)

Week 1: _____

Week 2: _____

Week 3: _____

Week 4: _____

Week 5: _____

Week 6: _____

Week 7: _____

Culminating Event: _____

Springfield Park Department Program Proposal

Program Check List

Date	Program Proposal	Comments
<input type="checkbox"/> _____	Day / time	_____
<input type="checkbox"/> _____	Goals objectives	_____
<input type="checkbox"/> _____	Culminating event	_____
<input type="checkbox"/> _____	Measurable outcome	_____
<input type="checkbox"/> _____	Fee / Stipend	_____
Proposal Package		
<input type="checkbox"/> _____	Cover Letter	_____
<input type="checkbox"/> _____	Contract	_____
<input type="checkbox"/> _____	Enrichment Manual	_____
Implementation		
<input type="checkbox"/> _____	Schedule program into calendar	_____
<input type="checkbox"/> _____	Confirmation letter	_____
<input type="checkbox"/> _____	Supply request / Purchase	_____
<input type="checkbox"/> _____	Pre-registration	_____
<input type="checkbox"/> _____	Supply delivery	_____
<input type="checkbox"/> _____	Marketing	_____
<input type="checkbox"/> _____	Initial contact / site-visit	_____
<input type="checkbox"/> _____	Reference Checks	_____
Evaluation		
<input type="checkbox"/> _____	Attendance	_____
<input type="checkbox"/> _____	Program documentation	_____
<input type="checkbox"/> _____	Testimonials	_____
<input type="checkbox"/> _____	Video	_____
<input type="checkbox"/> _____	Post-test	_____
Follow-up		
<input type="checkbox"/> _____	Thank you letter	_____
<input type="checkbox"/> _____	Arrange for new program / site / day	_____

Programmer #1: Last Name _____ First Name _____ M.I. _____

Home Tel. _____ Alt Tel. _____ Email _____

Address _____ City _____ Zip _____

Programmer #2: Last Name _____ First Name _____ M.I. _____

Home Tel. _____ Alt Tel. _____ Email _____

Address _____ City _____ Zip _____

Reference # 1: _____ Phone _____

Reference # 2: _____ Phone _____

Reference # 3: _____ Phone _____

Springfield Park Department Program

Supply Budget Worksheet

Supply Item	Purchase Loc.	Unit Cost	# of Units	Sub-Total
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
				Grand Total \$ _____

General Comments (please list space requirements, i.e., classroom style, opens pace, etc.)

Office Evaluation

- 1.) Provider was prepared for each session ? _____
- 2.) Provider was on-time for each session ? _____
- 3.) Would you rehire the program provider ? _____

Program Evaluation (to be by the end of the last class)

- 1.) Number of pre-registrations _____
- 2.) Number of participants week one _____
- 3.) Number of participants attending the culminating event _____
- 4.) Cost per participant (labor and supplies excluding equipment costs) _____

Participant Evaluation

- 1.) How many participants had a better than expected experience ? _____
- 2.) How many participants had a measureable change in skill or behavior ? _____
- 3.) How many participants would enroll in the class again ? _____

Springfield Park Department Program

Marketing Budget Worksheet

Place an "X" next to the task that is to be completed. Any additional information should be entered in the comments section. Enter the completed date in the last column.

_____ 1.) Presentation to after-school sites	_____	_____
_____ 2.) Presentation to evening sites	_____	_____
_____ 3.) Attend school function	_____	_____
_____ 4.) Design a poster	_____	_____
_____ 5.) Distribute poster	_____	_____
_____ 6.) Design a flier	_____	_____
_____ 7.) Distribute flier	_____	_____
_____ 8.) Press release	_____	_____
_____ 9.) Ad in the paper	_____	_____
_____ 10.) Make a commercial	_____	_____
_____ 11.) Run commercial on cable	_____	_____

Marketing Budget	Unit Cost	No. Units	Total	Vendor / Notes
Presentation to after-school sites	_____	_____	_____	_____
Presentation to evening sites	_____	_____	_____	_____
Attend school function	_____	_____	_____	_____
Design a poster	_____	_____	_____	_____
Distribute poster	_____	_____	_____	_____
Design a flier	_____	_____	_____	_____
Distribute flier	_____	_____	_____	_____
Press release	_____	_____	_____	_____
Ad in the paper	_____	_____	_____	_____
Make a commercial	_____	_____	_____	_____
Run commercial on cable	_____	_____	_____	_____
Total	_____	_____	_____	_____