ARLINGTON
VIRGINIA

**Department of Parks and Recreation**

INITIAL APPLICATION FOR CLASS INSTRUCTORS

**Applicants are to provide a proposal for County programs by responding to the following questions.**

**All questions should be answered or marked "Not Applicable".**

Applicant Name: _____

Company Name (if applicable): _____

State Corporation Commission (SCC) Number: _____

Address: _____

_____

Email: _____

Phone: (_____) _____ - _____

Submitting a proposal to teach (please check all that apply):

- ☐ Enjoy Arlington (including Therapeutic Recreation- "TR")
- ☐ 55+
- ☐ Other (please explain): _____

1. Subject(s) you are interested in teaching/instructing, including potential age group(s) (i.e., infant, child, adult, senior): _____

_____

_____

_____

_____

2. Indicate your ability to provide instruction by completing the tables below. Place a check in each box to indicate the session(s) you are available (months are approximate):

| Enjoy/TR | Fall Session (Sept-Dec) | Winter Session (Jan-Mar) | Spring Session (Apr-Jun) | Summer Session (Jul-Aug) |
|---|---|---|---|---|
| | | | | |

| 55+ | Jan-Feb | Mar-Apr | May-Jun | Jul-Aug | Sept-Oct | Nov-Dec |
|---|---|---|---|---|---|---|
| | | | | | | |

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3. Indicate, in general, your availability to provide class instruction in the table below:

| Day of the Week | Time(s) | Preferred # of Weeks in Class Series | Individual Class Session Length (Minutes) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

4. Explain the philosophy, goals, and objectives of the services you would like to provide. Include strategy for accomplishing the proposed scope of services.

5. Describe methods of instruction. If method of instruction varies for age groups or for persons with physical or developmental disabilities, describe. Attach lesson plans for proposed instruction. If more than one type of program is proposed, include method of instruction, descriptions and lesson plans for each type of program.

6. Provide a description of special classroom needs including equipment requirements and indicate which equipment is to be provided by the Contractor(s), which equipment is to be provided by the County, and which equipment is required by the student. If students are to bring their own supplies, please include costs for the required items.

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7. Identify proposed instructional personnel, including skill levels and any certifications, and identify the programs they would teach. Include resumes in the attachments, if available. Include instructor job descriptions and qualifications for staff to be hired at a future date.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

8. As evidence of successful prior experience, please attach any business brochures, advertisements, letters of commendation, awards and/or customer evaluations from current or previous clients, students and/or parents of students that demonstrate success with similar programs.

   Have you provided the items requested?

   - ☐ **Yes**
   - ☐ **No** (please explain): _____

9. All staff or agents of the Contractor, paid or unpaid, working under this contract must have a completed background check accepted and approved by the County on file with the County's Department of Parks and Recreation (DPR) prior to performing any work. Subsequent background checks will be required by the County at its sole discretion, and at least once every three (3) years. All subsequent background checks must be paid for by the Contractor or its respective employee or agent, for a fee of $10 per background check, paid to the County prior to performance of the background check. The background checks will be conducted through the Arlington County Sheriff's Office. The background check fee is subject to change in the sole discretion of the Sheriff.

   Will you ensure that you and any subcontracted employee(s) will follow DPR's background check procedure as noted above?

   - ☐ **Yes**, I will remain in compliance with background check requirements.
   - ☐ **No** (please explain): _____

10. Are you able to meet the certification requirements for the programming you would like to provide? (If the class you are interested in teaching does not have any specific certifications required, please indicate "not applicable" below.)

    - ☐ **Yes**, I have all required certifications for these services
    - ☐ **N/A**, the services I provide do not require any special certifications
    - ☐ **No/Other**, (please explain): _____
      _____

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11. All corporations and limited partnerships conducting business in Virginia must register with the State Corporation Commission (SCC). Arlington County Commissioner of Revenue's Office (COR) assesses a business privilege tax (formally known as the Business, Professional, and Occupational License — or BPOL — tax) on business conducted in the County with total annual revenue in excess of $10,000.

    Is your organization currently registered with the SCC and in good standing with the Commissioner of Revenue's Office?

    - ☐ **Yes**, this business is registered with the SCC and in good standing with COR
    - ☐ **N/A**, I am contracting as an individual and not as a business
    - ☐ **No** (please explain): _____

      _____

12. County insurance requirements are as follows:

| **TYPE OF COVERAGE** | Commercial General Liability (CGL) | Sexual Abuse and Molestation (SAM) | Worker's Compensation (WC) |
|---|---|---|---|
| **STANDARD MINIMUMS *** | $1M combined single limit with $2M aggregate to include Personal Injury, Completed Operations, Contractual Liability and, where applicable to the services, Products and Independent Contractors | $100,000 per occurrence with $300,000 annual aggregate. | All organizations with more than two employees (including sub-contractors), are required to provide WC coverage ($500k/$500k/$500k). |

    * The County reserves the right to require insurance coverage at a higher level for services that are deemed as being higher risk by the Department and/or the County's Risk Manager.

    Are you able to provide, at minimum, the levels noted in the table above?

    - ☐ **Yes**, I can provide CGL, SAM, and WC as listed
    - ☐ **No** (section below **MUST** be completed or this application will be rejected)

    Please provide detailed information on the reasoning for a request for a reduced coverage level/exemption. If requesting a reduced level of coverage, please indicate what level you can provide. If you believe you are exempt from WC requirements, please indicate reasoning below.

_____

_____

_____

_____

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13. Provide any other information you would like to be considered: