



Independent Contractor Course Proposal Specialty Classes

Please type in your answers and email to Taylor Melton: tmelton@ci.el-cerrito.ca.us
Phone: (510) 559-7004

Instructor's Full Name _____ Business/Organization: _____

New Instructor _____ Returning Instructor _____ Work Phone _____ Cell Phone _____

Can we release your phone number? _____yes _____no If yes, which one _____

Your e-mail address: _____ Release e-mail? _____yes _____no

Street Address _____ City _____ Zip _____

Website Address: _____

Published Class Name: _____

Class Meeting Information: Please complete this portion covering the time frame of **June 2017-December 2017**

Date Range or "Drop-In" Date ranges are typically listed in 1 or 2 month-long sessions	Time(s)	# of Classes in Session (except for drop-in classes) Account for "no class" dates	Day(s) of the Week	El Cerrito Resident Fee ONLY this fee is used for invoicing purposes	Non-Resident Surcharge (25% of Resident Fee)	Admin Fee <i>Office Use Only</i> 4% of Resident Fee (\$8 Max)
Example: 6/5-6/26	Ex: 6-7PM	Ex: 4	Ex: Monday	Ex: \$100.00	Ex: \$25.00	Ex: \$4

No Class Dates: _____

Important! Note holidays or days you will be absent from teaching your class. Please list ALL days you will NOT be teaching.

Class Age Range: _____ **Class Size Minimum:** _____ **Class Size Maximum:** _____

Will you allow late starts? _____ Yes _____ No **If Yes, will you pro-rate fees?** _____ Yes _____ No

Will you allow drop-ins? _____ Yes _____ No

Resident Drop-In Fee: \$ _____ **Non-Resident Drop-In Fee:** \$ _____ (NR must be 25% above R Fee)
*Drop-In Fee must be 15% above the pro-rated cost of the classes. (Example: Each class is \$10. \$10 x .15= \$1.50)

If applicable: Offer a Senior/Disabled Discount (60+ years) of 20% off your fee? _____ Yes _____ No

Does your class have a Materials Fee? _____ Yes _____ No If yes, what is the amount? \$ _____

Fees collected by and payable directly to the Contractor. Should only be for consumable, take-home items used by participants.

Material Fees will be used for _____

Student needs to bring to class or wear _____

Class Description: (Due to limited space in the rECguide, LIMIT your Course Description to 100 words or less. The City has reserved the right to edit your description.)

Facility First Choice: _____ Facility Second Choice: _____

Special Instructions/Requirements: _____

Communications: E-mails can automatically generate through our Registration System when a registration has been processed. Please answer the following communication preference questions.

Yes	No	Question
		Send E-mail On All Registrations?
		Send E-mail When Minimum Count is Reached?
		Send E-mail When Classes Become Full?
		Send E-mail On Cancellations With Waitlist?
		Send E-mail On All Cancellations?

FOR NEW CONTRACTORS (complete below)

Previous Instructor Experience - Please list the three most recent experiences:

Dates	Contact Person	Phone Number	Agency	Reason for Leaving

Additional Items needed as part of your Course Proposal. Please check off that you have submitted the items.

- _____ 1) Copy of your resume if it pertains to your class or program.
- _____ 2) A copy of your curriculum, literature, handbooks or forms that you will distribute in class as part of this proposal.

**Please email this Course Proposal and other required items to
Taylor Melton, Community Services Coordinator at: tmelton@ci.el-cerrito.ca.us**

For Office Use:

Date Received _____ Staff Initials _____ Date/Time Check (Initials) _____

Inputted to Computer (Initials) _____ Facility Reserved (Initials) _____

Activity Name & Activity # in RecTrac _____