



PROPOSAL FOR IN-PERSON CLASSES

City of Pomona
Community Services

Submit questions and / or completed proposal(s) via email to:
classes@ci.pomona.ca.us



BACKGROUND / OVERVIEW

Community Services is actively seeking in-person class proposals to meet the wide variety of needs and interests of Pomona residents. Due to the ongoing state of the COVID-19 pandemic, safety protocols will be in place in accordance with health guidelines and City requirements to help safeguard the community, staff members and instructors. At this time, the City is interested in receiving class proposals from qualified and interested organizations and instructors.

The City currently has some restricted funding that may be used to assist with payments for certain classes, to assist with providing free / or low cost classes to the community. This funding is limited and may not be eligible for all class offerings.

Please submit one proposal per class you are interested in offering. Submitting an application does not guarantee the class will be selected as an offering for in-person classes. Those selected will need to sign an agreement produced by the City and provide required documentation (i.e. insurance, business license, certifications, etc.) prior to classes beginning. Community Services is interested in class proposals serving various age groups, but is most interested in classes / offerings that serve youth. Please note, that there is a separate proposal form and process for classes occurring in the Virtual Community Center.

Applicant Information

Name/Point of Contact: _____ Organization (if applicable): _____

Address: _____
Street Address *City, State, Zip Code*

Instructor: _____
Last Name *First Name*

Phone: _____ Email: _____

Pomona Business License Number (if applicable)* _____ License or Certification to teach class (if applicable) _____

*A City of Pomona Business License will be required for agencies/instructors using City facilities.

Proposed Class Information

Class Title: _____

Class Description: _____

Target Age Group: _____ Session Length (i.e. 1 hr.) _____ Frequency Per Week: _____

Minimum # of participants required for class _____ Maximum # of participants for class _____

Proposed Class Fee (if applicable): \$ _____ per _____

AVAILABILITY FOR CLASS INSTRUCTION / FACILITATION (Please indicate all availability to provide this class below)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES							

Preferred (First Choice) Day of Week and Time: _____

Second Choice Day of Week and Time: _____

Location: _____

Location: _____

References and Experience

- 1) Please include in email any pertinent documentation to support instructor's experience in teaching the class, i.e. resume, lessons, certifications, etc.
- 2) Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Position/Title: _____
Email Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Position/Title: _____
Email Address: _____

Disclaimers and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to an agreement, I understand that false or misleading information in my application or interview may result in my release.
All classes will adhere to City regulations and current COVID-19 regulations.

Signature: _____ Date: _____