



CYPRESS RECREATION AND COMMUNITY SERVICES INDEPENDENT CONTRACT CLASS PROPOSAL

Dear Prospective Contract Class Instructor:

Thank you for your interest in offering classes for the Cypress Community. We are excited to see the new class proposal(s) you have to offer along with your experience and education.

Complete the following documents and return via email to crpd@cypressca.org. If you are interested in offering classes explicitly for older active adults ages 55 years and up, please submit the proposal to the attention of the Senior Center. Alternatively, forms can be mailed to:

Cypress Recreation

Attn: Contract Class Coordinator
5700 Orange Ave
Cypress, CA 90630

OR

Cypress Senior Center

Attn: Contract Class Coordinator- Seniors
9031 Grindlay St.
Cypress, CA 90630

There are two steps to becoming a contract class instructor with the City of Cypress. Steps must be completed in this order:

Step 1: Submit a Class Proposal (documents following this page)

- A. The review process includes but is not limited to: appraisal of the proposal, reference check, and interview of applicant.

Step 2: Complete a Contract Service Agreement (CSA) (to be completed only if class proposal is approved)

A. There are multiple requirements within the contract, with major items listed below:

- **Insurance:** All instructors are required to maintain a \$1,000,000 general liability insurance policy naming the City of Cypress as additionally insured and provide the City with a certificate of insurance and endorsement letter - both documents are mandatory.
- **Workers' Compensation Insurance:** All instructors who employ staff members are required to maintain a valid workers' compensation insurance policy of no less than \$1,000,000 per injury and provide the City with a certificate of insurance and waiver of subrogation – both documents are mandatory. If you do not have any employees you are required to submit a letter of confirmation.
- **Live Scan Fingerprinting (background check):** All instructors teaching classes offered to participants under the age of 18 years old must agree to a fingerprint submission and background check through the Department of Justice. Instructors who operate within a company are required to fingerprint their own staff—only the contract holder needs to be fingerprinted through the City. Individual instructors need to be fingerprinted through City. There is a \$57 fee for each live scan.
- **Business License:** All instructors must have a valid Cypress Business License. Business licenses are valid from July 1-June 30 and must be renewed by July 1 annually.
- **W-9:** must be submitted for payment processing.

After reviewing your submission, the City will update you on the status of your proposal. If you have questions or need clarification about the process of becoming a City of Cypress contract class instructor, please contact our department.

Thank you,

Cypress Recreation and Community Services
crpd@cypressca.org | 714-229-6780



CYPRESS RECREATION AND COMMUNITY SERVICES
 5700 Orange Avenue, Cypress, CA 90630 (714) 229-6780
INDEPENDENT CONTRACT CLASS PROPOSAL



All independent contract instructors are paid on a 65%/35% basis. The contractor retains 65% of class fees and the City of Cypress, Recreation Community Services retains 35%. All class proposals will be carefully reviewed. You may be contacted for more information. Please use one (1) form per proposed class.

NAME: _____ EMAIL: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

DAY PHONE: (____) _____ CELL PHONE: (____) _____

PLEASE LIST ANY OTHER AGENCIES THAT YOU HAVE CONTRACTED WITH

Name of Agency:	Phone:	Current	Past
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	(____) _____	<input type="checkbox"/>	<input type="checkbox"/>

PROPOSED CLASS NAME: _____

APPROPRIATE PARTICIPANT AGE FOR THIS CLASS: _____

LENGTH OF SESSION: _____ HOURS EACH CLASS WILL MEET: _____

DAYS OF THE WEEK: M T W TH F SA SU FEE: _____

Please submit an outline or syllabus of what this class intends to cover, or use the space provided below.

Please indicate any special facilities needs (i.e. sink, access to outside, etc):

INSTRUCTOR PERSONAL INFORMATION

NAME: Last _____	First _____	Middle _____	Other names used: _____
ADDRESS: No. _____	Street _____	City _____	State _____ Zip _____
PHONE NUMBERS:			
Home _____	Business _____	Cell _____	
Email _____			
<small>* Email addresses will be used only to communicate with instructors</small>			
If the public has questions, can your telephone number be given out YES ____ NO ____			

WHO TO NOTIFY IN CASE OF EMERGENCY:		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

COLLEGES or UNIVERSITIES ATTENDED	LOCATION	DATES ATTENDED	MAJOR/ MINOR	# OF UNITS	TYPE OF DEGREE
TRADE/BUSINESS SCHOOLS:					
What type of class(es) do you teach:					
List any special training, licenses, certificates, and/or specific coursework experience you have that relate to the class(es) you will teach:					

PLEASE LIST TWO PROFESSIONAL REFERENCES		
Name: _____	Phone: _____	Relationship _____
Name: _____	Phone: _____	Relationship _____

ADDITIONAL REMARKS:

SIGNATURE _____ **DATE** _____