



SUBCONTRACTOR PROGRAM PROPOSAL FORM

Which season is the program for?

- Winter/Spring (January – April)
 Summer (May – August)
 Fall (September – December)
 One day program – Potential dates _____

Subcontractor Information

NAME:

ADDRESS:

CITY, STATE, ZIP:

TELEPHONE #:

EMAIL:

Program Information

PROGRAM TITLE:

BRIEF PROGRAM DESCRIPTION:

AGE GROUP:

DATES:

DAYS:

TIMES:

MINIMUM ENROLLMENT:

MAXIMUM ENROLLMENT:

SUBCONTRACTOR'S FEE (be very specific, state if it is a per participant fee, hourly rate, etc.
We will add our fee onto yours in order to cover our costs):

Contractor will need to provide liability insurance in the amounts of \$1,000,000.00/\$3,000,000.00, naming the Town of Webster as Additional Insured, workers compensation insurance and disability insurance to the Town's specifications as deemed required by the Town of Webster, a coverage limit and requirement and indication that the Town of Webster should be named as an Additional Insured on the contractor's policies.