MPRD PROGRAMMATIC PARTNERSHIP PROGRAM APPLICATION

PROGRAMMATIC PARTNERSHIP APPLICATION & INFORMATION

Thank you for your interest in collaborating with the Mobile Parks and Recreation Department (MPRD). MPRD is working to provide high quality recreational, cultural, and community programming to the City of Mobile residents of all ages and abilities. We will be doing this through our core program offerings and effective partnerships with additional organizations. This application is for individuals, organizations, or other entities interested in providing programs for the residents of the City of Mobile within an MPRD recreation center and/or MPRD park/playground. MPRD offers space within our facilities for programmatic activities at reasonable or no cost to the provider. If an application is approved, the provider will be required to enter into a Facility Use Agreement with the City of Mobile prior to program implementation.

PROGRAMMATIC PROGRAM CATEGORIES

- What is considered a Program, an Activity or an Event?
  - A program is a set of activities with a particular goal that can be measured from beginning to end.
  - An activity is a planned learning pursuit with a clear goal in mind.
  - An event is an activity that is planned for a special purpose, time and usually involves many people.

MPRD is seeking programmatic partnerships in the following six (6) categories (illustrative list; non-exhaustive):

- Arts and Culture
  - Cartooning
  - Photography
  - Traditional Culture
  - Theater
- Music
  - Music Production and Editing
  - Strings & Woodwinds
  - Voice Lessons
  - Song Writing
- Performing Arts
  - Dance: Latin, Modern, Ballet, Hip Hop
  - Vocal/Choir
  - Math
- Academic Enrichment
  - Tutoring
  - Standardized Test Prep
  - Homework Help
- Therapeutic Recreation
  - Day Camps
  - Programs
  - Specialized Activities
- Athletics
  - Archery
  - Fitness
  - Cooking
  - Health Classes
  - Non-traditional – Running, Indoor Hockey, Lacrosse, BMX, Boxing, Marial Arts, and Rugby
- STEM
  - Science
  - Technology
  - Engineering

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PROGRAMMATIC EXPECTATIONS:

GENERAL REQUIREMENTS:

The following programmatic requirements/expectations apply to all applications for consideration and are due no later than the day programming begins:

- All onsite staff and volunteers must complete the Child Abuse Mandated Reporter Training. The link for the free mandated reporter/child abuse training is https://aldhr.remote-learner.net/.
- You will be required to provide a national background check upon completion and approval of your application. MPRD Operations Manager Gerard McCants will provide you with the link for the background check. Contact information for Gerard McCants: mccantsg@cityofmobile.org 251-208-1523 (office), 251-509-2726 (cell).

SPECIALIZED REQUIREMENTS:

The categories of Performing Arts, Fitness & Health, Therapeutics, and Academic Enrichment also require the following:

- Two (2) years of proven experience performing and/or operating the specified area of programming, e.g.:
  - Documented volunteer hours within the specified area of programming.
  - Documentation of performing and/or operation of a program in the specified focus area.
  - Valid certification (if necessary).

SUBMISSION REQUIREMENTS:

INDIVIDUALS, BUSINESSES, and/or ORGANIZATIONS are REQUIRED to submit:

All Organizations, Individuals charging fees, and Individuals conducting physical activity:

- **City of Mobile Business License**
  - This comes with acquiring a business license to show proof that you can sign on behalf of the business. It also proves that you are eligible to conduct business in the City of Mobile.
- **Minimum of $300,000 in General Liability Insurance**
  - The City of Mobile must be listed as a rider on the insurance
  - Must include Liability
  - If you have more than five staff, you must also include Worker's Compensation.
- Applications that receive the final recommendation to become an MPRD Programmatic Partner will be required to furnish a Certificate of General Liability Insurance within seven (7) business days of receiving notification. ***No exceptions will be granted.***
- All Programmatic Partners are required to register as volunteers with MPRD, regardless of whether their program will have a fee.
- Individuals who are providing services that are not physical in nature and/or not charging a fee will only be required to complete the MPRD Volunteer Program Application and not the Facility Use Agreement. Insurance will not be required.

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APPLICATION EVALUATION CRITERIA:

Upon verification of eligibility, a formal review panel must approve each application.

- The panel consists of seven (7) community members representing the seven (7) City Council districts.
- Each application will be reviewed and given a "recommend" or "not recommend" rating. The review panel described above will confirm final decisions as a group.
- If recommended for renewal, Programmatic Partner must sign the Renewal Request Form to renew for the following year.

Please note that this application is for consideration and does not guarantee that you will be selected as a programmatic partner.

EVALUATION FOR RENEWAL:

Community Center and Program Staff members will conduct evaluations mid-season and post-season. Programmatic Partnerships will be considered for yearly renewal based on the evaluation of performance in the following areas:

- Program participants adhere to check-in policies.
- Submission of weekly registration (if applicable) and/or participation data.
- MPRD Program Manager feedback:
    - Timely reporting of program deliverables.
    - Communication with the Program Manager or MPRD Representative.
- MPRD Community Center staff feedback:
    - Adherence to overall MPRD rules and regulations while within a Recreation Center.
    - Cleanliness, order, timeliness, and readiness during programming hours of operation.
- Timely submission of required performance and financial expenditure reports, if required.

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APPLICATION COVER PAGE

NOTE: Submission of this application is for consideration and does NOT guarantee a partnership with MPRD. *

- Completed **applications for consideration** may be submitted as follows:
- Via email to MPRDPrograms@cityofmobile.org or
- In person: Attention: Programming Supervisor, at the MPRD Administrative Office, 48 N. Sage Avenue, Mobile, Alabama 36607
- Any questions related to this application and/or the submission process must be submitted in writing via email to MPRDPrograms@cityofmobile.org.
- *MPRD does NOT provide funding for Programmatic Partnerships.*

Please utilize the checklist below to ensure the submission of a complete application. Submitting any required application elements after the deadline will deem the application ineligible for consideration and will not move forward in the review process.

The following elements are required for an application to be considered complete:

- ☐ Application Cover Page
- ☐ Short Narrative Description of Program – ½ Page or 750 Words

  Please ensure you provide ALL the requested information in your program narrative.
- ☐ Required Attachments and Eligibility Documentation (as applicable):
  - Liability Insurance
  - Workman's Compensation Insurance
  - Business License
  - Completed Background Check
  - MPRD Volunteer Registration
- ☐ Signed Facility Use Agreement

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APPLICATION

ORGANIZATION INFORMATION

Organization/Individual's Name: _____

Mailing Address (including City, State, and Zip): _____

_____

Website: _____

Program Name (if different from organization name): _____

Type of Organization (*Please check all that apply);* ☐ Individual ☐ Federal Non-Profit (501c3)

☐ State Non-Profit ☐ Community Based ☐ Faith-Based ☐ Other: _____

PRIMARY PROGRAM CONTACT INFORMATION

Name: _____ Title: _____

Phone Number: _____ Email: _____

EXECUTIVE DIRECTOR/PRESIDENT/CEO CONTACT INFORMATION

Name: _____ Title: _____

Phone Number: _____ Email: _____

PROGRAMMATIC INFORMATION-MANDATORY

Target population for service (*Please check all that apply*):

☐ Youth (Ages 3-5) ☐ Youth (Ages 5-11) ☐ Teen (Ages 12-17) ☐ Adult (Ages 18-54) ☐ Senior (Ages 55+)

Mission statement of the applicant organization:

_____

_____

_____

PROGRAMMATIC NARRATIVE (REQUIRED):

1. Please provide a narrative overview (1/2 page or 750 words max) of the proposed program:
    a. The history of the proposed program.
    b. Current location/hours of operation.
    c. Staff members that will be providing the service and their qualifications.
    d. Target population and/or communities that have been served.
    e. Benefit of the program.
2. What is the maximum number of participants per class? _____

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3. Request for MPRD facility for programmatic implementation :

Preference	MPRD Facility	Day(s) of the Week	Start & End Time
1)			
2)			
3)			

List of MPRD Facilities:

Lavretta Art & Culture Center *(200 Parkway West)*

Dotch Community Center (*3100 Bank Ave.*)

Figures Community Center (*658 Donald St.*)

Harmon Community Center (*1611 Belfast St.*)

Hillsdale Community Center (*556 E. Felhorn Rd*)

Hope Community Center (*850 Edwards St.*)

Laun Park Center (*5401 Windmill Dr.)*

Seals Community Center (*540 Texas St.*)

Springhill Community Center (*1151 Springhill Ave.*)

Stotts Park Center *(2150 Demetropolis Ave.)*

Sullivan Community Center (*351 N. Catherine St.*)

Parkway Senior Center (*1600 Boykin Blvd.*)

Tricksey Senior Center (*3055 Bank Ave.*)

Connie Hudson Regional Senior Center (*3201 Hillcrest Rd.*)

4. What indoor space is required for the proposed program to be effective (minimum number of participants required listed behind each space)?
   ☐ Computer Lab (3-5) ☐ Music Room (3-5) ☐ Kitchen (8) ☐ Classroom (8) ☐ Gym (20)
5. What outdoor space is required for the proposed program to be effective?
   (*Please be specific e.g., park, shelter, field, etc.)* _____
6. Number of projected Programmatic Partner staff or volunteers: _____ Staff _____ Volunteers
7. Describe the training/certification/orientation for the staff and/or volunteers before implementation of the program.
   _____
8. Will there be any collaborative partners included in the proposed program?
   ☐ Yes ☐ No *If yes, please state the following:*
   Name of collaborative partner: _____
   Intended Role(s)/responsibility(ies) of the collaborative partner:
   _____
   _____

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9. Please describe how you plan to market for this program, including but not limited to the recruitment of participants:

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10. Are there fees associated with participating in this program? ☐ Yes ☐ No

    If yes, what is the fee? _____ per participant

    NOTE: *The maximum allowable rate is $40.00 per 4-week session; $60.00 per 6-week session, daily rate is $10.00 per participant*. A session consists of 4 or 6-week period.

Please read and review carefully before signing:

- I understand that submission of this application is for program consideration and does NOT guarantee that MPRD will partner with my organization or provide space at the requested facilities.
- I understand that as capacity allows, MPRD will select programs aligned with the mission of the organization and deemed best to meet the needs of the community.
- I understand that if accepted as a Programmatic Partner, our organization will enter into a Facility Use Agreement with the City of Mobile.
- I agree to provide all required documents according to the timeline provided.
- MPRD reserves the right to deviate from scheduled programs as MPRD programming takes priority.
- Any deviation from or request to relocate from originally scheduled location must be reviewed and approved by MPRD.

Authorized Signature **Date**

Print Name **Title/Name of Organization**

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STOP!
FOR MPRD STAFF USE ONLY

APPLICATION CHECKLIST

Applicant Name _____ **Date** _____
Phone _____ **Email** _____
Name of Program _____

____ Application cover page completed
____ Attend Program Information Session
Date of Session: _____
____ Program narrative overview received, including required information
____ Eligibility documentation received (as applicable):
____ Background Check: ____ Pass ____ Fail
____ Child Abuse Mandated Reporters Training Course completion
____ Tax Clearance Form
____ Business Status Document
____ Certificate of General Liability Insurance
____ Signed Facility Use Agreement Form
____ Volunteer Registration (ONLY if applicable)
____ Valid certification (if applicable)

Applicant Received By _____ **Date** _____
Phone _____ **Email** _____
MPRD Staff Notes:

