

# **WEBSTER PARKS & RECREATION SUBCONTRACTOR PROGRAM PROPOSAL FORM**

## **Subcontractor Information**

**NAME:**

**ADDRESS:**

**CITY, STATE, ZIP:**

**TELEPHONE #:**

**EMAIL:**

## **Program Information**

**PROGRAM TITLE:**

**PROGRAM DESCRIPTION:**

**AGE GROUP:**

**DATES:**

**DAYS:**

**TIMES:**

**FACILITY REQUIREMENTS:** Location? Room #? (i.e., need a sink, outdoors, gym, etc.)

**MINIMUM ENROLLMENT:**

**MAXIMUM ENROLLMENT:**

**PROGRAM/PER PERSON REQUIRED FEE:**

Contractor will also need to provide liability insurance in the amounts of \$1,000,000/\$3,000,000, 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, a coverage limit and requirement and indication that the Town should be named as an Additional Insured on the contractors policies.

Please submit all applications to Mark Yaeger at [myaeger@ci.webster.ny.us](mailto:myaeger@ci.webster.ny.us) or drop off at the Webster Community Center, 1350 Chiyoda Drive.