

APPLICANT INFORMATION

Organization Name (If applicable): _____ Organization Type (check one): For-Profit Non-Profit Private
 Address: _____ City, State, and Zip: _____
 Date of registration: _____ State registered in: _____ Federal ID #: _____
 Website: _____ Instructor Name: _____
 Address: _____ City, State, and Zip: _____
 Email: _____ Home/Cell Number: _____ Alternate Phone Number: _____

PROPOSED PROGRAM INFORMATION

Purpose of proposal (check one): Special Event Class Camp Clinic Workshop Other: _____
 Has this program been held in the past? Yes No
 If yes, please list past dates, locations and attendance _____

Title of Program: _____

Detailed Program Description: _____

Goals and Objectives of the program: _____

Proposed Day of the Week: (check all that apply): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Proposed Time of Day: _____ AM PM to _____ AM PM Number of weeks: _____

Proposed minimum # of participants: _____ Proposed maximum # of participants: _____

List supplies participants should bring to the program: _____

List supplies instructor will provide: _____

List amenities needed for the program: _____

Desired Instructor Pay Requirements: \$ _____ per student or \$ _____ hourly.

Instructor Biography: (list experience/history relevant to this program, additional information may be attached)

The information I have provided on this application is true and complete to the best of my knowledge.

(Instructor Signature)

(Date)

SUBMIT A COMPLETED APPLICATION

Email to:
southside@fortlauderdale.gov

Address:
South Side Cultural Arts Center
701 South Andrews Avenue
Fort Lauderdale, FL 33301

Thank you for completing a program proposal application for South Side. After your submission has been received, we will send you a confirmation email. You will then be notified within 5 business days if your proposal is selected for consideration and approved for the next phase of the program proposal process.

FOR ADDITIONAL INFORMATION OR QUESTIONS, PLEASE CALL (954) 828-6250.

Approved By (Completed by Parks and Recreation Department):

Date: