

Town of Sudbury
Park & Recreation/Atkinson Pool



Vendor Agreement Packet

Updated December 2016

40 Fairbank Road, Sudbury, MA 01776

Main Line: (978) 443-1092

Inclement Weather Hotline: (978) 639-3233

www.SudburyRec.com



Park and Recreation Department
 40 Fairbank Road
 Sudbury, MA 01776
 (978) 443-1092

LETTER OF AGREEMENT

Please indicate the legal entity of your business (LLC, Corp, etc.)

Please fill out and return!

Legal Name of Vendor: _____ Name of Program: _____
 DBA (if applicable): _____ Dates of Program: _____
 Vendor Fee per Participant: \$ _____ Federal Tax ID: _____

Official Contact: _____	Phone #: _____
Address: _____	Email: _____
Coach/Instructor (if different): _____	Phone #: _____
(If coach/instructor is not yet assigned, please send contact information at least ONE WEEK before the program begins)	

The vendor will provide the following:

- A signed Vendor Agreement Packet within two weeks of acceptance of Program Proposal.
- Certificate of Liability Insurance. All policies must name the Town of Sudbury Park & Recreation Department as additionally insured. Must be submitted with Vendor Agreement Packet.
- W-9. The town requires all vendors to fill out a new W-9 every year.
- Conduct CORI background checks on all instructors.
- Handle any additional advertisement (if desired), with Park & Recreation approval.
- Design any flyers, notices, materials lists, welcome letters, etc.
- Provide equipment for the program, including first aid kit.
- Set-up the facility for special performances or occasions beyond usual usage.
- Pick-up program roster prior to the start of the program or request that it be e-mailed.
- Contact the Park and Recreation Office during inclement weather for a determination of status on any program held after 3pm.
- Storage space for all equipment and supplies. Storage space is unavailable for vendors at Sudbury Park & Recreation facilities.
- Submit an invoice, with proper information, for payment no earlier than the third week into the program.

Sudbury Park and Recreation will provide the following:

- Advertisement for the program in the seasonal Park and Recreation brochure that gets distributed to all Sudbury residents. The size of the advertisement for each program will be determined by available space in the brochure, not by program content or price.
- Develop policies for participants to follow regarding programs.
- Manage all registrations, fees, refunds, cancellations, waitlists, and scholarships.
- Generate a program roster of participants for instructor prior to the start date of the program.
- Provide facility, tables, chairs, and proper lighting and heating, if using Park & Recreation facility.
- Cancel all morning programs (before 8:15am) when Sudbury Public Schools close during inclement weather. The Inclement Weather Hotline will be changed to reflect the status of programs after 3pm during inclement weather.

Vendor agrees to the above agreement with the Town of Sudbury Park and Recreation Department.

_____ Vendor Name	_____ Vendor Signature	_____ Date
_____ Assistant Recreation Director Name	_____ Assistant Recreation Director Signature	_____ Date
_____ Recreation Director Name	_____ Recreation Director Signature	_____ Date
_____ Town Manager Name	_____ Town Manager Signature	_____ Date



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TAX COMPLIANCE CERTIFICATE

Pursuant to General Laws Chapter 62C Section 49A, the undersigned certifies under the pains and penalties of perjury that _____ is in compliance
Contractor
with the laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature

Print Name

Title

Company



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CERTIFICATE OF AUTHORIZATION TO SIGN CONTRACTS

I, _____ of _____, hereby certify that at a meeting of the
(Name) (Title) (Corporation)
Board of Directors of said Corporation duly held on _____, 20___, at which a quorum was present
and voting throughout, the following vote was duly passed and is now in full force and effect:

“VOTED: That _____ be and he/she is authorized, directed
(Name of Individual authorized to sign for Corporation)
and empowered for, in the name and on behalf of this Corporation, to sign,
execute, acknowledge and deliver all contracts, bond or obligations by said to be
_____ valid and binding upon this
(Name of Individual authorized to sign for Corporation)
Corporation for all purposes, and that a certificate of the _____
(Title of Authorizer)
of the Corporation setting forth this vote shall be delivered to the Town of Sudbury;
and that this vote shall remain in full force and effect unless and until the same has
been altered, amended or revoked by a subsequent vote of such Directors and a
certificate of such later vote attested by the _____ of this Corporation is
(Title of Authorizer)
delivered to the Town of Sudbury.”

I further certify that _____ is the duly elected _____ of Corporation.
(Name of Individual authorized to sign for Corporation) (Title of Signer)

Signature

Corporation

Date

COUNTERSIGNATURE

(Name and Title of Officer)

In the event that the Authorizer is the same person as the person authorized to sign the Contract or other instrument
for the Corporation, this certificate must be countersigned by another Officer of the Corporation.



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REMINDERS

Participants and Program Protocol

- All children's programs require a MINIMUM staff to participant ratio or 1 to 5 for children under 5 and 1 to 10 for children over 5. For all other programs, we require a MINIMUM staff to participant ratio or 1 to 8 for children under 5 and 1 to 12 for children over 5. You must have a MINIMUM of 2 staff members at all times while working with any group of children.
- All participants are required to register with the Park & Recreation Department only.
- **Please do not offer "trial" classes without the permission of the Park & Recreation Department. Please do not let participants into the class unless they have registered. If you accept a participant into the class without having registered with Park & Recreation, we will not be responsible for payment of that participant.**
- We will handle pro-rating class, refunds, and withdrawals.
- Please direct all participant questions and concerns regarding the program directly to the Park & Recreation Department.
- Instructors are responsible for managing daily sign-ins and sign-outs. Please make sure you have an updated roster for the start date of your program. Please keep a log of attendance for each session.
- Instructors must hold onto all lost and found items each week. At the end of the program, all lost and found items can be handed over to the Park & Recreation Department (lunch boxes, etc. must be cleaned out).
- For outdoor programs, please make sure that you are aware of your rain location. In the case of inclement weather, the Park & Recreation Department will update the Weather Hotline, (978) 639-3233, by 8:15am. We will call or email instructors prior to the start time of the class so please make sure that all contact information is updated.
- For all incidents/accidents that take place, please fill out the attached Incident/Accident report form attached.
- Please let us know of any facility issues so that we can be sure everything is in safe working order.
- Instructors must have a cell phone, on-site, readily available, in case you need to be contacted by Park & Recreation or if there is an emergency during the class and you need to contact emergency officials.
- If anybody asks when the next brochure comes out or when they can sign up, please send them to the Park & Recreation front desk, we will have it posted.

Payment


- Enclosed is a sample invoice. Please follow this format when submitting bills to ensure proper and prompt payment.
- You MUST submit an ORIGINAL invoice. We will not accept photocopies or faxes.
- Accounting will not accept adjusted invoices. You must ensure that your invoice is free of mistakes prior to submission. If there are mistakes you will be asked to re-submit your invoice.
- **You must submit a W9 Form prior to the start of your program.**



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INCLUSION

We Value Inclusion! The Sudbury Park & Recreation Department strives to provide sport and recreation opportunities to community

 **members of all ages and abilities.** When seen next to a program within the brochure, this symbol notates that people with and *without* disabilities are welcome to register, such as friends, siblings, and persons without disabilities who are interested in the class. If necessary, parents or aides are welcome to attend.

What does inclusion mean?

While most of us advocate, in some degree, for the inclusion of people with disabilities, the extensive *value* of inclusion can be difficult for some to grasp. The value of inclusion goes beyond a person's desire to recreate alongside their peers. Inclusion impacts people's **access to development**, to **building social networks**, and to **positive views of themselves**. Inclusion also impacts the whole community, helping to **debunk stereotypes**, to **build cooperative relationships**, and to **create spaces that acknowledge and value differences among individuals**. If we consider how people without disabilities *grow* as a result of their involvement in activities, we can imagine what another person stands to *lose* when he/she is excluded from those same activities.

What sorts of people participate in these programs?

Most participants that attend our Adaptive Sports and Recreation Programs and our inclusion programs have "hidden" disabilities; diagnoses of Autism, ADHD, Learning Disabilities, Sensory Processing Disorders, Expressive Speech Delays, etc. These are disabilities that you may not notice by *LOOKING* at a person but ones that you may notice once you *TALK or INTERACT* with a person. These people often need more support to participate in the same activities as their non-disabled peers; an experience we hope to offer them.

How do you make sure your program is ready to support participants with different needs?

Although there are many strategies that can be used, professionals can focus on three key steps: **1)** have a welcoming attitude **2)** promote communication amongst your staff, the Park & Recreation Staff, and parents and **3)** practice flexibility.

1. Provide a welcoming attitude - People of all ages can sense whether they are welcome or not. Be sure to greet people, express that you are glad to have them, make eye contact and continue to invite their participation. Parents of children with disabilities also sense the sincerity of your welcome and with a heartfelt welcome, will feel much more comfortable leaving their child in your care.

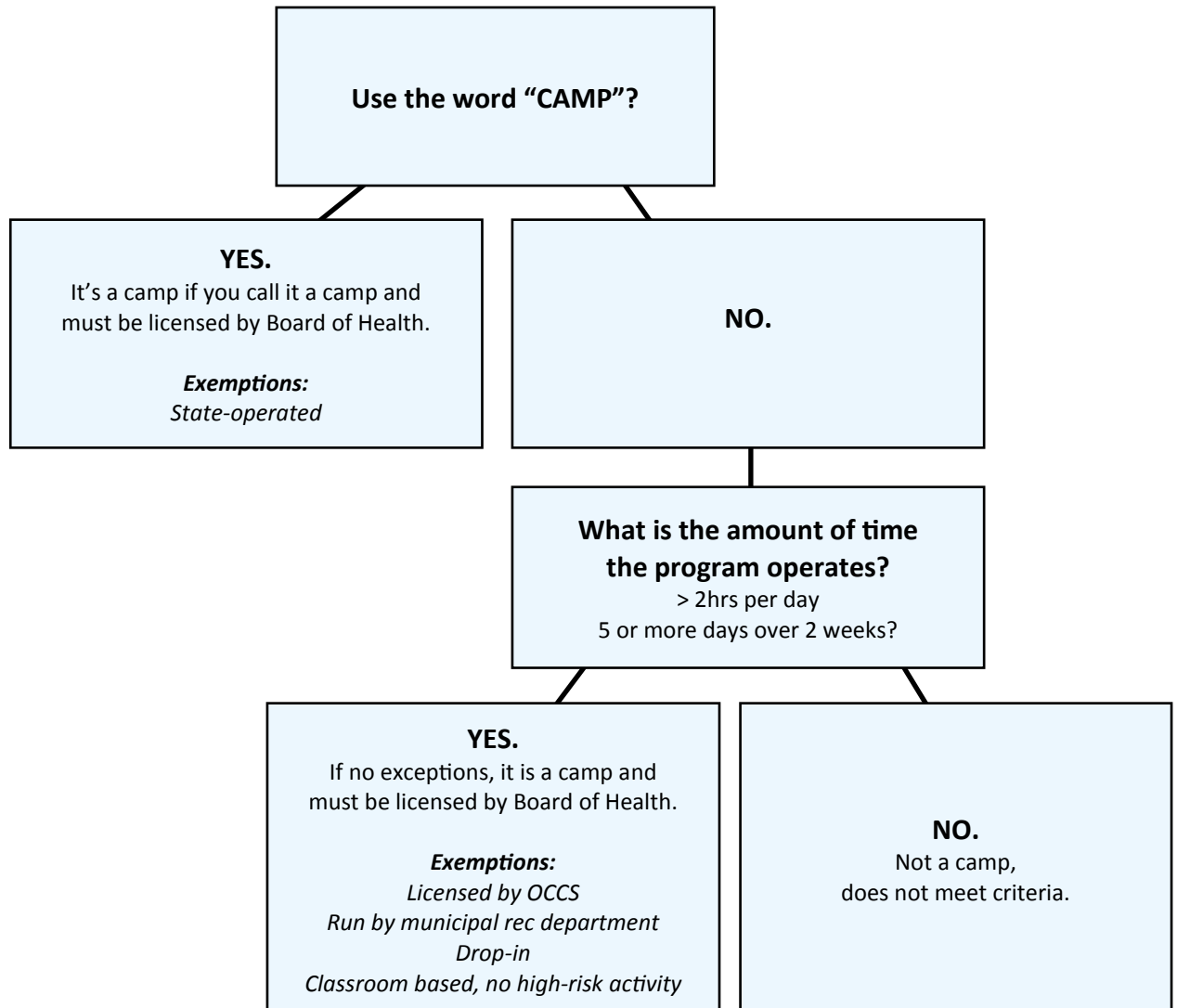
2. Promote communication - Be ready to talk openly with the participant, parents, and Park & Recreation Staff about what *is* and *isn't* working well. In order to support each other, we must communicate. We want to give *participants* the opportunity to practice communication as well. As an instructor to children you can modeling how to initiate friendship, how to ask for help, and how to cope with frustration; skills that take practice for many children with disabilities.

3. Practice flexibility - In acknowledging individual differences in the people within our programs, we are required to practice flexibility. We must consider the various energy levels, the various interests, and the various skills in our participants and plan our activities and supports accordingly. We do not ask the people to change, we ask the program to change and consider being flexible in routines, games, and rules. If a person has difficulty sitting still, we might organize activities that allow her to move about or allow her to hold a toy that might help her remain focused for longer. If children are disinterested in an activity, we can switch activities to something they enjoy more. We must think of the individual goals of the participant in our programs and make accommodations when possible.

If you can do these things, your program is a great candidate for inclusion. By implementing these three key concepts, you will help us build a truly inclusive community and improve the lives of the children and families that we serve.

WHAT IS A “CAMP”?

Follow this flow chart to determine whether or not your program needs to be licensed through the Board of Health?



Questions and concerns, please contact:

Phyllis Schilp BSN, RN
Board of Health Nurse
Sudbury Health Department
schilpp@sudbury.ma.us
(978)-440-5477



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FEE STRUCTURE

You as the vendor know how much your services are worth for the work you do and the market you are in. Just let us know how much *you charge* per person. Whatever price that is, Park and Recreation will add 30% of your charge onto the cost per participant.

A \$5 per participant, per program, fee will be charged for use of field and facilities for all summer camps and clinics.

We understand that there have been some changes that will affect the pricing of your program and are not requiring that you keep your prices the same as last year. How you price your program will be up to you, but please take into consideration the fee structure and the final sticker price.

EXAMPLES:

You charge \$50 per person
30% of \$50 is \$15

****Add \$5 Field & Facility Use Fee (Summer Camps ONLY)**
The participant will be charged \$65

You charge \$130 per person
30% of \$130 is \$39

****Add \$5 Field & Facility Use Fee (Summer Camps ONLY)**
The participant will be charged \$169

The 30% that we add to your cost goes to fund the brochure that goes out to all Sudbury residents and for processing registrations as well as facility use and upkeep.

SAMPLE

Must include an invoice number!



Invoice # 101

INVOICE

BEST Program
123 Fake Street
Anytown, MA 01234

DATE: July 9, 2010
TO: Sudbury Park & Recreation Department
FROM: Your Name

BEST Program - Summer 2017 session

30 participants x \$50 per participant = \$1,500
Total Due: \$1,500

Please make check payable to:

Your Name
Tax ID #

PLEASE SIGN _____



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ACCIDENT REPORT

FORM IS TO BE USED WHENEVER AN ACCIDENT OCCURS

Area: _____ Date: ___/___/___ Time: _____ am/pm
(Exact location at Facility)

Name: _____ Age: _____

Address: _____ Town: _____ State: _____

Description of Accident: _____

First Aid Administered: _____

Treatment Recommended: _____

Where taken: _____

Cause of Accident: _____

What could Victim have done to prevent accident: _____

Accident witnessed by: _____ Address: _____

If a minor, signature of person (18 or older) accepting responsibility for Victim:

(Print Name) *(Signature)*

Address: _____

Adult Victim (His/Her signature required): _____

Report completed by: _____
(Print Name) *(Signature)*

FOLLOW UP INFORMATION

Person making call: _____ Date of Call: _____ Time: _____

Spoke with: _____ Current status of Injury: _____

Report completed by: _____
(Print Name) *(Signature)*



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INCIDENT REPORT

FORM IS TO BE USED WHENEVER AN INCIDENT OCCURS

Area: _____ Date: ___/___/___ Time: _____ am/pm
(Exact location at Facility)

Name(s): _____ Age(s): _____

Address: _____ Town: _____ State: _____

Description of Incident (use back of page if needed); _____

Actions taken to resolve incident: _____

Cause of Incident: _____

Accident witnessed by: _____

First Aid Administered (If Applicable) _____

FOLLOW UP INFORMATION

Person making call/email _____ Date of Call/email: _____ Time: _____

Spoke with: _____

Summary of Conversation: _____

Report completed by: _____
(Print Name)

(Signature)

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AND THE AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. SUBROGATION RIGHTS WILL BE SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT OF WORK SHALL BE REFERENCED TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

PRODUCER	CONTACT NAME:	
	PHONE (A/C No. Ext):	
	E-MAIL:	
	ADDRESS:	
	PRODUCER:	
	CUSTOMER ID #:	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	

Types of coverage

Dates of coverage must cover be good through program date

Must have a minimum of \$1,000,000

CERTIFICATE NUMBER: _____ **INSURANCE DIVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY POLICY OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE COVERAGE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN ARE SUBJECT TO THE POLICY'S DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES.

TYPE OF INSURANCE	ADOL	SUBR	INSR	WVD	EXPIRY DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY						
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC-ATION						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____ \$ _____ \$ _____
AUTOMOBILE LIABILITY						
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> AUTOES <input type="checkbox"/> OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____ \$ _____ \$ _____
<input type="checkbox"/> UMBRELLA <input type="checkbox"/> EREXECUTIVE <input type="checkbox"/> N/A						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____
<input type="checkbox"/> ANY PERSONAL LIABILITY <input type="checkbox"/> EREXECUTIVE <input type="checkbox"/> N/A (Mandatory if yes, specify limit) SPECIAL PROVISIONS:	Y/N					WC STAT - (Ea accident) \$ _____ OTHER \$ _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - PO \$ _____

Should have this exact wording

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The Town of Sudbury is additionally insured for liability coverage as required by contract with the name insured.

CERTIFICATE HOLDER	CANCELLATION
Sudbury Park and Recreation 40 Fairbank Road Sudbury, MA 01776	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Should have this exact wording