

**Town of Foxborough  
Senior Center**

75 Central Street  
Foxborough, Ma 02035



Subcontractor Policy & Program Proposal Application

## **Introduction and Proposal Guidelines**

The Town of Foxborough is accepting proposals from persons interested in operating a program at the Foxborough Senior Center, Home to the Foxborough Council on Aging and Human Services

The purpose of this packet is to outline the process for submitting proposals to the Director of Human Services. Submission of a proposal does not guarantee approval.

Interested persons will be known as Subcontractors/ Vendors/ Facilitators in this document.

## **Deadlines for Submission**

It is expected that submissions will be accepted by the 1<sup>st</sup> of the month for the following month. For example; Applications received by September 1<sup>st</sup> will be for programs/events starting on or after October 1<sup>st</sup>.

## **Process**

- Step 1            The vendor submits the attached Proposal Form.
- Step 2            The Director of Human Services and Council on Aging Program Coordinator review the proposal to determine if the program meets the appropriate criteria.
- Step 3            The Director of Human Services determines approval or denial of the proposal.
- Step 4            The Foxborough Senior Center enters into a written agreement with the vendor.
- Step 5            The Foxborough Senior Center begins marketing and registration process.

## **Required for Proposal Submission**

Copies of all required licenses, certifications, or credentials specific to the program are due prior to program consideration. Examples: CPR, First Aid, AED, Zumba Certification, etc.

## **Required after Approval of Program Proposal**

Documentation of completed CORI checks on facilitators or instructors must be submitted no later than 30 days prior to the start of a program

## **Criteria used to Evaluate Proposals**

1. Alignment with the Foxborough Senior Center mission
2. Meets the needs and interests of the community
3. Diversity and innovation of programming
4. Suitability and availability of facilities
5. Cost to Participants

## **Holidays**

Programs may not take place on New Years Day, Martin Luther King Jr. Day, Presidents' Day, Patriots' Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day Thanksgiving, the day after Thanksgiving, and Christmas,

## **Facilities**

It is the responsibility of the vendor to determine that adequate space and utilities are available to support the specific program needs.

The Foxborough Senior Center will work to meet each vendor's needs when possible. The Senior Center also reserves the right to make changes and adjustments to facility assignments before and/or during any program.

## **Marketing**

The Foxborough Senior Center provides marketing and communications for all programs. Standard marketing may include printed media, website, social media, email distribution lists, and other shared town-wide resources. Additional marketing must be approved by the Director of Human Services in advance.

## **Registration**

All registrations are required to take place through the Foxborough Senior Center in person or phone. Vendors and their respective facilitators are strictly prohibited from collecting payments and/or registration forms.

## **Rosters**

Facilitators are required to take daily attendance to ensure all participants are fully enrolled. Attendance Sheets along with an invoice must be submitted within 7 days following the final date of the program.

Individuals that are not listed on the MySenior Center roster are prohibited from participation. The Vendor should direct these individuals to contact the Front Desk of Foxborough Senior Center in order to resolve the issue.

Any and all roster information provided through the use of My Senior Center is confidential and is prohibited from use unrelated to the specific program outlined in the agreement between the Vendor and the Town of Foxborough

## **Facilitators**

Program facilitators are to appropriately represent the Foxborough Senior Center and the Town of Foxborough. To some participants, the facilitator is the only representative that they will come in contact with. Facilitators must conduct themselves in a professional manner taking into account his/her personal appearance, and maintaining appropriate communications

## **Payments**

If the Subcontractor wishes to charge for a program, any and all funds collected will be split 80% / 20% between the Vendor and the Foxborough Senior Center, unless previously authorized by the Director of Human Services. The 20% that the Foxborough Senior Center retains will cover marketing costs, registrations, facility, basic supplies, and overhead other costs.

A completed W-9 Form, which is included in this document, is required from all Vendors prior to the start of a program. Upon completion of the program, Vendors must submit an invoice for payment, along with an attendance sheet within 7 business days after program. For recurring programs, vendors may choose to invoice 7 days after the program or on a monthly basis. Advanced payments are not possible. Invoices must include Vendor Name, Address, Phone Number, Program Name, Number of Participants, Cost per Participant, invoice number, and total amount due to the Vendor. The Foxborough Senior Center will not pay out on participants who received an agreed upon refund. Vendor payments will be processed and mailed out to the address on record within 21 days of receipt of the invoice.

## **Program Fees**

Vendors are responsible for proposing the program fee to be advertised. The Director of Human Services will provide assistance on current market conditions as needed. The Vendor should consider the percentage split with the Foxborough Senior Center when determining the program fee.

## **Equipment and Supplies**

Any equipment and supplies needed for a program are at the sole expense of the Vendor. The Council on Aging does not guarantee storage space for programs.

## **Program Cancellations and Postponements**

### Vendor

In the event that a facilitator is unable to run a program due to an emergency, it is the responsibility of the vendor to find a substitute that has been approved by the Foxborough Senior Center. If an approved substitute cannot be found, the vendor must contact the Foxborough Senior Center immediately in order to cancel or postpone the session. Refunds owed to participants will be determined according to the terms outlined in the written agreement between the Vendor and the Foxborough Senior Center.

### Minimum Registrants

If a program does not meet the minimum number of registered participants by the registration close date, the Foxborough Senior Center will contact the Vendor to discuss whether or not to extend the registration close date and/or to proceed with the program.

### Inclement Weather

In the event that the Foxborough Public Schools and/or the Town of Foxborough offices have an early dismissal or closure due to inclement weather, all programs will be cancelled.

### Refunds

All participant questions regarding a refund should be directed to the Foxborough Senior Center. All refunds are processed at the sole discretion of the Director of Human Services.

## **Assessment and Evaluations**

The Council on Aging will conduct program evaluations through surveys to gather feedback from our participants. Upon request from the Vendor, the Council on Aging will share Vendor related results.

OFFICE USE ONLY

# Foxborough Senior Center Program Proposal Form

## Vendor Information

Name

Organization/Company Name

Address

City, State, ZIP Code

Driver's License or MA I.D. Number (Copy of I.D. Required)

Home Phone

Cell Phone:

Fax Phone

E-Mail Address:

Tax Exempt No

Web Address:

Alternate Contact Person

Cell Phone:

Home Phone

E-Mail Address:

## Program Information

Program Name:

Facilitators Names:

Program Description:

Minimum Participants: \_\_\_\_\_

Maximum Participants: \_\_\_\_\_

Senior Only? Yes No

Activity Notes(to be given to Participants): \_\_\_\_\_

Questions to be asked of Participants during registration (if any): \_\_\_\_\_

Cost Per Resident: \_\_\_\_\_

Cost Per Non Resident: \_\_\_\_\_

Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_

Program Date(s) \_\_\_ / \_\_\_ - \_\_\_ / \_\_\_

Is this a reoccurring program? \_\_\_\_\_ If so? Daily \_\_\_ Weekly \_\_\_ Bi-Weekly \_\_\_ Monthly \_\_\_ Other \_\_\_

Registration Start Date: \_\_\_ / \_\_\_

