



Virtual Community Center  
**PROPOSAL FOR ONLINE CLASS**  
 City of Pomona  
 Community Services



Submit questions and / or completed proposal(s) via email to:

[virtualcommunitycenter@ci.pomona.ca.us](mailto:virtualcommunitycenter@ci.pomona.ca.us)

**BACKGROUND / OVERVIEW**

Due to the ongoing state of the COVID-19 pandemic, the City of Pomona will be opening a Virtual Community Center as a way to safely meet the needs of the community. At this time, the City is interested in receiving class proposals from qualified and interested organizations and instructors. As the City currently has restricted funding that may be used to assist with payment for certain classes, the goal is to provide free classes to the community for the time being and as funding permits. Please submit one proposal per class you are interested in offering. Submitting an application does not guarantee the class will be selected as an offering for the Virtual Community Center. Those selected will need to sign an agreement produced by the City and provide required documentation prior to classes beginning. Community Services is interested in class proposals serving various age groups, but is most interested in classes / offerings that serve youth. There is not currently an end date to accept proposals; however, applicants who are interested in being on the inaugural calendar of classes for January 2021 should submit their applications by December 18, 2020.

**Applicant Information**

Name/Point of Contact: \_\_\_\_\_ Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City, State, Zip Code*

Instructor: \_\_\_\_\_  
*Last Name* *First Name*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pomona Business License Number (if applicable)\* \_\_\_\_\_ License or Certification to teach class (if applicable) \_\_\_\_\_

Do you have adequate space and equipment to operate virtual classes? YES  NO  Do you have experience implementing online classes? YES  NO

Do you have reliable, high-speed internet to operate the class? YES  NO  Do you need assistance with implementing the class? If yes, please explain below\*\*: YES  NO

## Proposed Class Information

Class Title: \_\_\_\_\_

Description: \_\_\_\_\_

Target Age Group: \_\_\_\_\_ Session Length (i.e. 1 hr.) \_\_\_\_\_ Frequency Per Week: \_\_\_\_\_

Minimum # of participants required for class \_\_\_\_\_ Maximum # of participants for class \_\_\_\_\_

Proposed Compensation Rate Per Session (if applicable): \_\_\_\_\_ (Most classes will be offered free to the community at this time)

**AVAILABILITY FOR CLASS INSTRUCTION / FACILITATION** (Please indicate all availability to provide this class below)

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>TIMES</b>							

Preferred (First Choice) Day of Week and Time: \_\_\_\_\_

Second Choice Day of Week and Time: \_\_\_\_\_

## References and Experience

- 1) *Please include in email any pertinent documentation to support instructor's experience in teaching the class, i.e. resume, lessons, certifications, etc.*
- 2) *Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Disclaimers and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to an agreement, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*A City of Pomona Business License will be required for agencies/instructors using City Facilities.

\*\* The City of Pomona does not guarantee assistance in implementing classes.