

# PARTNERSHIP APPLICATION FORM

CITY OF RICHMOND  
COMMUNITY SERVICES-RECREATION  
3230 Macdonald Avenue  
Richmond, CA 94804  
[csdregistration@ci.richmond.ca.us](mailto:csdregistration@ci.richmond.ca.us)  
(510) 620-6793



The Community Services Department-Recreation Division for the City of Richmond is seeking partnerships to expand resources for recreation opportunities, improve service delivery and enhance the amenities offered at our facilities. A partnership is a working relationship between Community Services-Recreation and another entity with compatible values and goals that results in clear and measurable public benefits. That expands the Community Services-Recreation's ability to promote healthy people, a healthy environment, and/or strong communities. Partnerships can range from simple agreements regarding single events or activities to long-term, multi-faceted contractual relationships. Services sought for programs at the neighborhood centers must serve the residents of that geographic location. Emphasis should be placed on utilizing neighborhood resources. More than one individual or group may be selected to partner at a facility. Facility usage fee may be reduced, or waived, based upon whether programs are free, or fees charged for programs/activities being offered.

The selected individual, group or organization must offer programming and services for a mixed-use facility consistent with the Center's preferred facility uses. These preferred uses include the following:

- Youth and teen activities
- Adult activities
- Fitness and athletic activities
- Senior program activities
- Health and Wellness program activities

## **Selection Process**

The Partnership Application Form must be completed and submitted to initiate the partnership process. The Partnership Application Form must be printed or typed and entirely completed in order to be considered; incomplete forms will not be reviewed. No hand-written applications or proposals will be accepted or considered.

The Partnership Application Form will be reviewed by the Community Services Department-Recreation Division Committee. Following the evaluation of the Partnership Application Form, Community Services-Recreation will utilize the following three options during the review process:

- Approval of the proposal and enter negotiations
- Request additional information from the applicant
- Reject the proposal

In addition to the Community Services-Recreation's application approval, all projects will be required to comply with all applicable local, state, and federal laws and regulations.

**Submission**

Printed or typed forms can be submitted in the following manner:

**Mail:**

Partnership Application  
Community Services-Recreation  
3230 Macdonald Avenue  
Richmond, CA 94804

**Email:**        [csdregistration@ci.richmond.ca.us](mailto:csdregistration@ci.richmond.ca.us); with a subject line of "Partnership Application"

**Apply online:** link to be provided

**Questions** regarding the Partnership Application to:

Troy Porter, Recreation Supervisor  
Phone: (510) 620-6822  
Email: [troy\\_porter@ci.richmond.ca.us](mailto:troy_porter@ci.richmond.ca.us)

# PARTNERSHIP APPLICATION FORM

Review the following documents prior to completing this Partnership Application Form. If approved for partnership, your organization's Certificate of Insurance and Additionally Insured Form and Richmond business license will be required.

**Type or print the form clearly.**

1. APPLICANT INFORMATION	
Name of Group/Organization:	
Is this a non-profit Organization: <input type="checkbox"/> Yes <input type="checkbox"/> No      Tax ID # (Non-profit only): If a non-profit, attach copy of 501(c)3 determination letter	
Applicant Name/Person Responsible:	Title:
Cell Phone:	Alternate Phone:
Email Address:	
Website Address:	
City of Richmond business license # (if applicable):	
Name and location of facility of interest:	
Date, Times, Months, Hours needed:	
Briefly describe your organization's history, mission, and reason for partnering with the Community Services-Recreation ( <i>attach additional sheets if necessary</i> )	
Are other organizations collaborating with you on this project? Name them and describe their role of contribution? ( <i>attach additional sheets if necessary</i> )	
Who is your Community Services-Recreation contact (if applicable)? Name and Email Address:	

**2. PROJECT SUMMARY/DESIGN**

Please be as complete as possible. Attach additional pages if necessary.

Provide a description of the proposed partnership activity or program.

Who is the target audience for your program? What is the age range? How many individuals will you have the capacity to serve?

What is your recruitment plan for getting individuals to participate in this program(s)?

Describe which specific areas of the facility you will be needing? For example, community center gym, multi-purpose room, specific room, park, field, etc.

Has your organization led this activity/program in the past at another location? If yes, when and at which location(s)?

How does the proposed partnership align with the Community Services-Recreation's mission, vision and values?

Why is your organization interested in partnering with the Community Services-Recreation? Please individually list and discuss the benefits (monetary and non-monetary) for your organization.

Describe any enhanced ADA accessibility need for your program.

**3. BENEFIT TO DIVISION AND PUBLIC**

Does Community Services-Recreation already offer a service or program similar to the one you are proposing? If so, why would adding another be a good idea?

Describe the specific public benefits your proposed partnership will generate?

How will you measure those public benefits to demonstrate if the partnership is meeting its goals? (Regular public benefit reports are required as part of any Partnership)

Does your proposal increase Community Services-Recreation's capacity to support underserved communities? If so, how?

**4. PROJECT FUNDING AND BUSINESS OFFER**

What is the estimated total cost of your partnership proposal? Provide a copy of your organization's current year budget. Provide a proposed budget for your program offer.

What in-kind support does the proposal request from Community Services-Recreation? What would it be used for?

Does the proposal include an expectation that it would generate revenues? If so, what is the revenue source? What portion of revenues would be directed to Community Services-Recreation?

Describe any anticipated fees you may charge and how you will address financial barriers for participation?

Are you requesting a reduction or waiver of fees as part of your partnership proposal? If so, please describe.

**5. SUPPORT FOR YOUR PROJECT**

Please list community and public support for this proposal.

**6. COMMUNITY SERVICES-RECREATION FIELD PARTNER APPLICATION (IF APPLICABLE)**

Providing routine and minor maintenance services is part of our partnership program. Select from below and/or add any specific maintenance tasks your organization will offer.

- Remove trash and debris. How many times per week?
- Remove weeds and vines from around trees, plants, shrubs, fences and/or park buildings. How many times per week?
- Coordinate quarterly community clean ups and/or beautification events. During which months?
- Prepare and/or line ball fields.
- Remove graffiti.
- Rake leaves as needed.
- Other services

**STAFF USE ONLY**

PARTNERSHIP REQUEST APPROVED <input type="checkbox"/>	PARTNERSHIP REQUEST DENIED <input type="checkbox"/>
NAME AND TITLE OF APPROVER	
SIGNATURE OF AUTHORIZED REPRESENTATIVE	