



## Vendor Agreement

Dear Potential Instructor,

Thank you for your interest in providing community programs at the Billerica Recreation Department! We are looking forward to working with you in the coming season(s). Below you will find a list of required responsibilities to ensure the success of the program as well as the safety of the participants. The last page is an agreement to be completed and signed by both parties prior to the program being offered to the public.

If at any time you have questions about this process or the requirements, please contact our Program Coordinator or Assistant Director during office hours and they will be more than happy to answer your questions.

Best,

Billerica Recreation Department

**Office Hours:** 8:30 am – 4:00 pm, Monday - Friday

**Office Location:** 248 Boston Rd, Billerica MA 01821

**Phone:** 978-671-0921

**Fax:** 978-671-0927

David Grubb, Director

Laurel Rossiter, Assistant Director

Kierstin Pane, Program Coordinator

Lori Boucher, Secretary

### **Responsibilities of the Vendor/Instructor:**

- Provide a copy of your certificate of insurance under the name of your business.
- Provide a copy of your W9.
- Provide proof that you, instructors, and/or any of your employees who interact with participants in this program have successfully passed a CORI background check within the last 12 months. If not, you may complete a CORI at our Department which will be processed through the Town of Billerica.
- Provide proof that you/all your employees who interact with participants in this program are currently first aid, CPR, and AED certified. You must also provide a first aid kit at your program.
- Provide class/program descriptions to be included in our marketing materials and on our website for registration purposes.
- Work with BRD to determine cost of program to the public, instructor payment structure, acceptable minimum and maximum number of participants, location, materials, schedule, and ability to modify instruction as needed for participants with disabilities.
- Provide at minimum two (2) instructors for children's programs in which guardians do not stay.
- Invoice the BRD for payment, after all services have been rendered.
- Communicate with BRD as needed and respond to phone calls and emails from our admin team in a timely manner.
- Let BRD know at least 48 hours before a program if changes need to be made or to make us aware of a cancellation. Have the ability to add classes to the end of a session to make up any missed dates to ensure we are meeting the expectations of our participants without the need for refunds.
- Instructors are expected to arrive with ample time before their class begins to set up materials and equipment and take attendance without cutting into class time.
- Instructors are not permitted to allow people who are not yet registered for their class or program to actively participate until they have done so online or at the Recreation Office.

### **Responsibilities of the Billerica Recreation Department**

- BRD will promote all classes and programs through print materials, online via social media, and on our registration website.
- All registrations and payments will occur through the Recreation Department, either over the phone, in person during office hours or online through our MyRec website.
- BRD will provide the instructor with a roster for the purpose of taking attendance and for having emergency contact information for participants. This information will be provided for emergency use only and should not be saved or used for other non-emergency uses.
- BRD will communicate with registered participants regarding changes and cancellations via email or phone at least 48 hours prior to the beginning of the program.
- BRD will process invoices from the vendor and checks/deposits will be from the Town of Billerica. Please allow for a two-week turnaround for payments to be processed.
- If your program occurs after office hours, we will provide instructions on how to access and properly vacate the facility.
- If the class or program does not meet the minimum requirement at least 48 hours prior to the first date, we reserve the right to cancel the program without consequence.

## Billerica Recreation Department Vendor Agreement

<b>Name of Company:</b> _____	
<b>Name of Primary Instructor(s):</b> _____	
<b>Email:</b> _____	<b>Phone:</b> _____
<b>Season:</b> <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall	<b>Year:</b> 20_____

### Program #1: \_\_\_\_\_

<b>Day of the Week:</b> _____	<b>Location:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Skip Date(s):</b> _____	<b># of Classes:</b> _____
<b>Ages/Grades:</b> _____	<b>Start/End Time:</b> _____
<b>Min #:</b> _____	<b>Max #:</b> _____

**Participant Fee:** \$\_\_\_\_. \_\_ for Residents and \$\_\_\_\_. \_\_ for Non-Residents

**Instructor Payment Structure: Choose one**

Price per participant: \$\_\_\_\_. \_\_/class       Price per participant: \$\_\_\_\_. \_\_/program

% per participant: \_\_\_\_% vendor / \_\_\_\_% rec       Hourly Rate: \$\_\_\_\_. \_\_

**Cancellation Policy:**     48 Hours     2 Weeks

### Program #2: \_\_\_\_\_

<b>Day of the Week:</b> _____	<b>Location:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Skip Date(s):</b> _____	<b># of Classes:</b> _____
<b>Ages/Grades:</b> _____	<b>Start/End Time:</b> _____
<b>Min #:</b> _____	<b>Max #:</b> _____

**Participant Fee:** \$\_\_\_\_. \_\_ for Residents and \$\_\_\_\_. \_\_ for Non-Residents

**Instructor Payment Structure: Choose one**

Price per participant: \$\_\_\_\_. \_\_/class       Price per participant: \$\_\_\_\_. \_\_/program

% per participant: \_\_\_\_% vendor / \_\_\_\_% rec       Hourly Rate: \$\_\_\_\_. \_\_

**Cancellation Policy:**     48 Hours     2 Weeks

### Program #3: \_\_\_\_\_

<b>Day of the Week:</b> _____	<b>Location:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____
<b>Skip Date(s):</b> _____	<b># of Classes:</b> _____
<b>Ages/Grades:</b> _____	<b>Start/End Time:</b> _____
<b>Min #:</b> _____	<b>Max #:</b> _____

**Participant Fee:** \$\_\_\_\_. \_\_ for Residents and \$\_\_\_\_. \_\_ for Non-Residents

**Instructor Payment Structure: Choose one**

Price per participant: \$\_\_\_\_. \_\_/class       Price per participant: \$\_\_\_\_. \_\_/program

% per participant: \_\_\_\_% vendor / \_\_\_\_% rec       Hourly Rate: \$\_\_\_\_. \_\_

**Cancellation Policy:**     48 Hours     2 Weeks

# Billerica Recreation Department Vendor Agreement

X

\_\_\_\_\_  
Vendors Signature

\_\_\_\_\_  
Date

X

\_\_\_\_\_  
Billerica Recreation Department Administrator

\_\_\_\_\_  
Date

## ATTESTATIONS:

I, \_\_\_\_\_, attest that all coaches, employees, and subcontractor working for my company have been **CORI** checked within two years. The records remain on file.

I, \_\_\_\_\_, attest that all coaches, employees, and subcontractor working for my company are **first aid, CPR, and AED certified**. The records remain on file.

X

\_\_\_\_\_  
Vendors Signature

\_\_\_\_\_  
Date

---

## For Office Use Only:

- W9
- CORI Background  
Date of CORI Submission: \_\_\_\_\_

- Certificate of Insurance
- Signed Vendor Agreement

*This is an employee, not a vendor. This form was filled out for informational purposes only.*

Notes: \_\_\_\_\_  
\_\_\_\_\_