

**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 1st of the month for the following month. For example; Applications received by September 1st will be for programs/events starting on or after October 1st.

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: ___ / ___

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
or								
Employer identification number								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>						-		
	-							

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.