

St. Clare's Fitness Club

PROPOSAL APPLICATION

1. What is your proposal? (Please provide detailed information)

2. How will your proposal benefit the members of the St. Clare's Fitness Club?

3. Is this proposal a service you are offering to provide?

Yes _____ No _____

If "yes" are you offering your services free of charge or do you expect a fee? If you expect a fee please state your hourly rate?

4. Are there other costs or requirements associated with this proposal?

Yes _____ No _____

If "yes" please provide detailed information.

5. Does your proposal require the services of a personal trainer?

Yes ____ No ____

If "yes" is the trainer already on contract with the SCFClub?

Yes ____ No ____

If "no" please give the trainer's name, contact information, association with any clubs/organizations, certification and the fee they will be charging.

6. Have you obtained confirmation of commitment from any trainers, presenters, sponsors, donors, etc.?

Yes ____ No ____

If "yes" please provide detailed information.

7. What is the projected total cost to implement your proposal?

8. What services and/or financing are you requesting from the St. Clare's Fitness Club?

9. Do you already have members of the St. Clare's Fitness Club

interested/willing to participate?

Yes _____ No _____

If "yes" how many?

Submitted by _____

Title _____

Organization/Club _____

Contact Information _____

Signature _____ Date _____

After completion please submit with your written proposal to:

Diane Cumby
Chair
St. Clare's Fitness Committee
Room SM427
4th Floor Morrissey Wing
St. Clare's Mercy Hospital