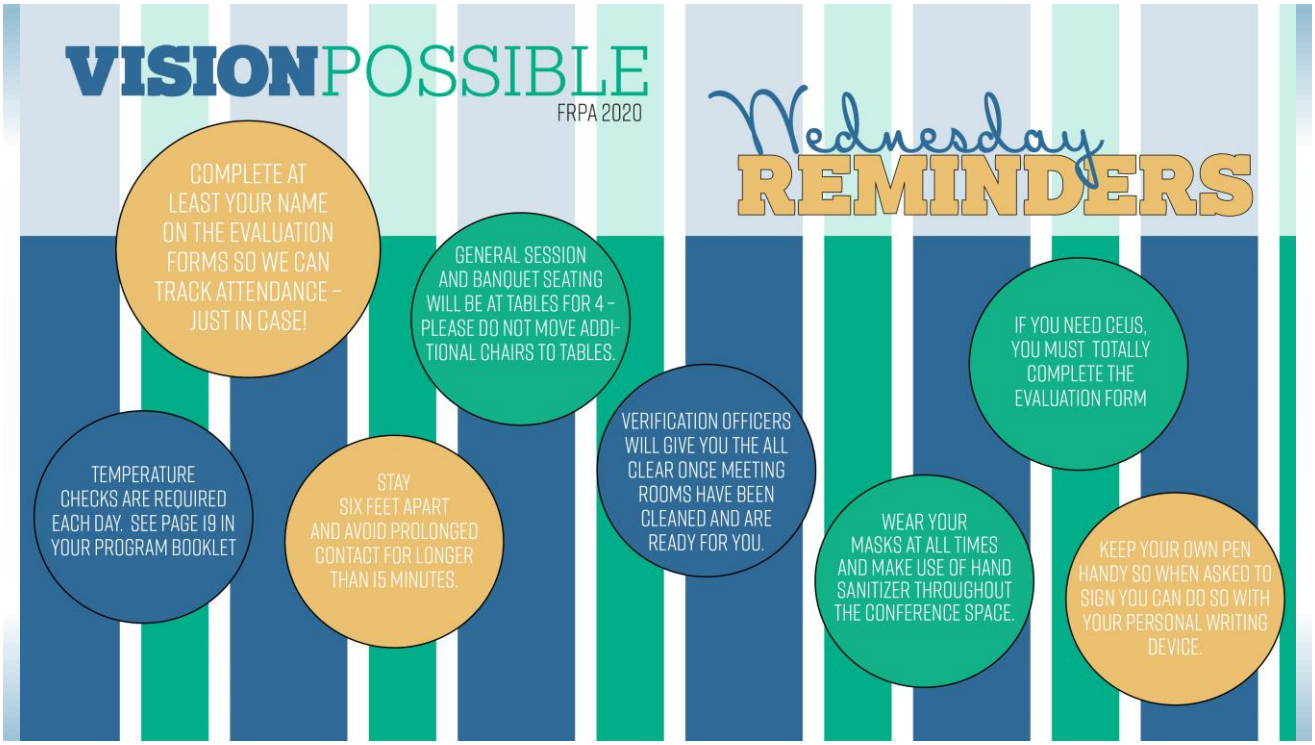
VISIONPOSSIBLE
FRPA 2020
Wednesday
REMINDERS
COMPLETE AT LEAST YOUR NAME ON THE EVALUATION FORMS SO WE CAN TRACK ATTENDANCE – JUST IN CASE!
GENERAL SESSION AND BANQUET SEATING WILL BE AT TABLES FOR 4 – PLEASE DO NOT MOVE ADDITIONAL CHAIRS TO TABLES.
IF YOU NEED CEUS, YOU MUST TOTALLY COMPLETE THE EVALUATION FORM
TEMPERATURE CHECKS ARE REQUIRED EACH DAY. SEE PAGE 19 IN YOUR PROGRAM BOOKLET
STAY SIX FEET APART AND AVOID PROLONGED CONTACT FOR LONGER THAN 15 MINUTES.
VERIFICATION OFFICERS WILL GIVE YOU THE ALL CLEAR ONCE MEETING ROOMS HAVE BEEN CLEANED AND ARE READY FOR YOU.
WEAR YOUR MASKS AT ALL TIMES AND MAKE USE OF HAND SANITIZER THROUGHOUT THE CONFERENCE SPACE.
KEEP YOUR OWN PEN HANDY SO WHEN ASKED TO SIGN YOU CAN DO SO WITH YOUR PERSONAL WRITING DEVICE.

1

VISIONPOSSIBLE
FRPA 2020
WELCOME TO THE 2020 FRPA CONFERENCE!

2

LEARNING OBJECTIVES

- Identify new strategies to plan successful programs and events
- List day-of-tips for event/program execution
- Discuss challenges/obstacles that may occur before, during and after your program/event
- Current COVID-19 Considerations

VISIONPOSSIBLE
FRPA 2020

3

4

Speakers

VIANCA PERON-SELLAN, MPA

Administrative Services Manager
City of Miami Beach, FL
Parks and Recreation Department

VianceaPeron-Sellan@miamibeachfl.gov

ERIN WEISLOW, MPH, CPRP

Director
City of Doral, FL
Parks and Recreation Department

Erin.Weislow@cityofdoral.com

5

6

Back to Basics!

New to the field?
Years of Experience?
Why are you here?

6

1.
THE IDEA

7

8

COMMUNITY NEED

8

9

TARGET MARKET

- Demographics
- Psychographics

9

Core Values

- Health and Wellness
- Environmental Education
- Community Enrichment
- Public Safety
- Accessibility
- Personal Growth

10

Core Programs

11

Sports

Arts

Youth

Teens

11

Core Programs

12

Family

Aquatics

Fitness & Wellness

Seniors

12

Core Programs

Special Events & Projects

Environmental

Special Populations

13

13

2.
THE PROPOSAL

14

Goals & Objectives

15

What are your goals for your program or event?

15

Financials

16

Budget / Funding

- Pricing
- How much do you need for staffing and general expenses?

Partnerships/Sponsorships

- Outside Organizations Assisting
- Donations – Cash, In-Kind?
- General Support

16

17

Scheduling

Location

- Indoors
- Outdoors
- Area

Dates

- One-time
- Session

Days of Week

- What day(s) work best for your target market?

Time

- What time work best for your target market?
- Lighting issues?

Conflicts?

- Holidays
- Other popular events and programming in the area

17

18

Staffing

Needed?

In-House / Outsource

Volunteers

Ratios

18

19

What Else?

Equipment

- Do you have the equipment?
- Will it be donated?
- Will you have to purchase it?

Participant Transportation

- How are your participants getting to your program?

Special Considerations

- Special Accommodations
- Easy Access for special groups
- COVID-19 requirements

19

20

Helpful Examples

- **Program/Event Proposal Samples**

20

MIAMIBEACH
PARKS & RECREATION

Recreation Program/Class Proposal

Date of Submittal:	
Program/Class Name:	
Ages/Grades:	
Site Names:	
Regular Registration Start/Deadline:	
Program/Class Description: (KIO):	

Partnership *(if applicable)*:

				# class or hrs./Series
Series I				
Start Date:		Days:		
End Date:		Times:		
Series II				
Start Date:		Days:		
End Date:		Times:		
Series III				
Start Date:		Days:		
End Date:		Times:		

Program/Class Fees	
Resident:	$ -
Non-Resident:	$ -
Sibling Discount:	$ -
100% Scholarship:	$ -
75% Scholarship:	$ -
50% Scholarship:	$ -
Other Fee:	$ -

OPERATING EXPENSES

Vendor Name	Budget Code	Description	Estimated Cost	Actual Cost
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
		TOTAL OPERATING EXPENSES:	$0.00	$0.00

STAFFING EXPENSE

Position Name	Av. Hourly rate	# of hrs.	# of Positions	Estimated Total	Actual Cost
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
		TOTAL STAFFING EXPENSE:	0	$ -	$ -

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Page: 1 of 2

REVENUE SUMMARY

ESTIMATED REVENUE		Exp. # of Part.	Subtotals	ACTUAL REVENUE	# of Part.	Subtotals
Resident:	$ -	0	$ -	Resident:	0	$ -
Non-Resident:	$ -	0	$ -	Non-Resident:	0	$ -
Sibling Discount:	$ -	0	$ -	Sibling Discount:	0	$ -
100% Scholarship:	$ -	0	$ -	100% Scholarship:	0	$ -
75% Scholarship:	$ -	0	$ -	75% Scholarship:	0	$ -
50% Scholarship:	$ -	0	$ -	50% Scholarship:	0	$ -
Other Fee:	$ -	0	$ -	Other Fee:	0	$ -
	ESTIMATED TOTAL:	0	$ -	ACTUAL TOTAL:	0	$ -

SPONSORSHIP / GRANT REVENUE

Source	Item	Subtotals
		$ -
		$ -
	SPONSORSHIP / PRODUCT TOTAL:	$ -

PROGRAM/CLASS BUDGET OVERVIEW (PROPOSED & FINAL):

	Estimated	Actual
Revenue Summary	$ -	$ -
Sponsorship or Grant Revenue	$ -	$ -
TOTAL REVENUE	$ -	$ -
Operating Expense	$ -	$ -
Staffing Expense	$ -	$ -
TOTAL OPERATING BUDGET	$ -	$ -
TOTAL NET BUDGET	$ -	$ -
TOTAL COST RECOVERY % (SUBSIDIZED)	#DIV/0!	#DIV/0!

OPERATING EXPENSE COST (without Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Expense ***divided by*** the number of participants)

TOTAL OPERATING BUDGET COST (with Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Exp. + Staffing Exp. ***divided by*** the # of participants)

TOTAL NET BUDGET COST (with Revenue and Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Total Net Budget ***divided by*** the number of Participants)

SUPERVISOR APPROVAL/DENIAL

Miscellaneous Notes:

Proposal Entered by: _____ *Supervisor Signature:* _____

Deputy Director: _____ *Director:* _____

21

MIAMIBEACH
PARKS & RECREATION

Special Event Proposal

Date of Submittal:		Population:	
Special Event Name:		Site of Event:	
Date of Event:		Estimated # of Patrons:	
Start/End Time:		Actual # of Patrons:	

Event Description *(Include intended KIO, planned activities, etc.)*:

Partnership *(if applicable)*:

OPERATING EXPENSES

Vendor Name	Budget Code	Description	Estimated Cost	Actual Cost
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
	011-0950-000		$0.00	$0.00
		TOTAL OPERATING EXPENSES:	$0.00	$0.00

STAFFING EXPENSE

Position Name	Av. Hourly rate	# of hrs.	# of Positions	Proposed Total	Actual Cost
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
		TOTAL STAFFING EXPENSE:	0	$ -	$ -

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Page: 1 of 2

REVENUE SUMMARY

Type of Revenue *(Rides, Concessions, etc.)*	Estimated Cost		Actual Cost
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
	$ -		$ -
ESTIMATED TOTAL:	$ -	ACTUAL TOTAL:	$ -

SPONSORSHIP / GRANT / DONATIONS / FUNDRAISING REVENUE

Source	Item	Subtotals
		$ -
		$ -
		$ -
		$ -
		$ -
	SPONSORSHIP / PRODUCT TOTAL:	$ -
	TOTAL REVENUE:	$ -

SPECIAL EVENT BUDGET OVERVIEW (PROPOSED & FINAL):

	Estimated	Actual
Revenue Summary	$ -	$ -
Sponsorship / Grant / Donations / Fundraising Revenue	$ -	$ -
TOTAL REVENUE	$ -	$ -
Operating Expense	$ -	$ -
Staffing Expense	$ -	$ -
TOTAL OPERATING BUDGET	$ -	$ -
TOTAL NET BUDGET	$ -	$ -
TOTAL COST RECOVERY % (SUBSIDIZED)	#DIV/0!	#DIV/0!

OPERATING EXPENSE COST (without Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Expense ***divided by*** the number of participants)

TOTAL OPERATING BUDGET COST (with Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Exp. + Staffing Exp. ***divided by*** the # of participants)

TOTAL NET BUDGET COST (with Revenue and Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Total Net Budget ***divided by*** the number of Participants)

SUPERVISOR APPROVAL/DENIAL

Miscellaneous Notes:

Proposal Entered by: _____ *Supervisor Signature:* _____

Deputy Director: _____ *Director:* _____

22

STEP UP DORAL PROGRAM REQUEST FORM

Individuals interested in proposing their programs and services must complete and return this form signed to Ashley.Barcena@cityofdoral.com, and must send with valid insurance. All programs must be offered to the community for free as part of the Step Up Your Health, Doral! Program.

Use one form per program.

Name of Company: _____

Name of Program: _____

Preferred Day and Time to Host Program: _____

Preferred Date to Host Program: _____

One Class or Multiple Throughout Year (circle): ☐ One-Time Class ☐ Multiple Classes

Participant Ages: from _____ to _____

Program Enrollment: Minimum _____ Maximum _____

Description of class:

Provider is responsible for:

Third-Party Sponsors or Vendors:

City is responsible for:

1

STEP UP DORAL PROGRAM REQUEST FORM CONTINUED

Program Provider Point of Contact: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax: _____

E-mail: _____

I hereby agree to participate as a Partner of the STEP UP YOUR HEALTH PROGRAM and agree to abide by all rules and requests of the City of Doral Parks and Recreation Department.

Print Name *(Provider)* _____

Signature _____

City of Doral Authorized Signature _____ Date _____

OFFICE USE ONLY

Date Received _____ Received by: _____

Provided Valid Insurance? _____

Approved? _____

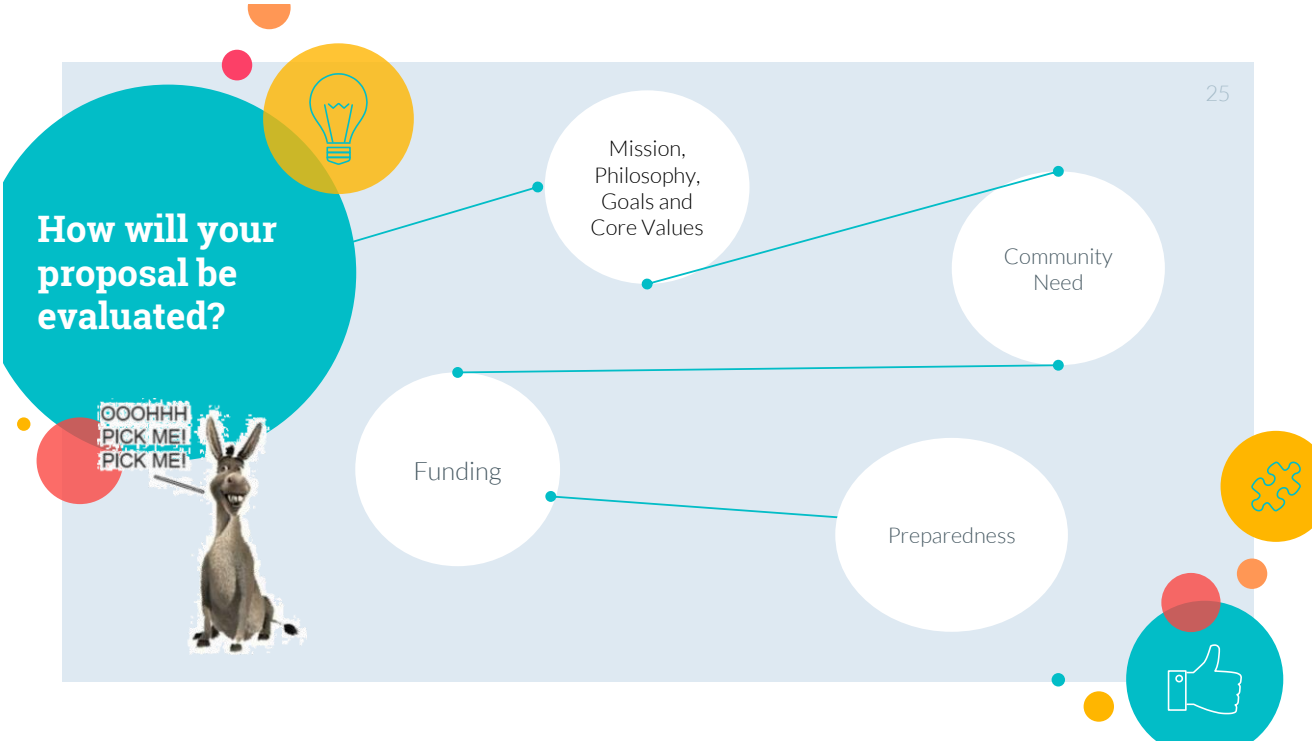
Comments: _____

23

23

3.
THE APPROVAL

24

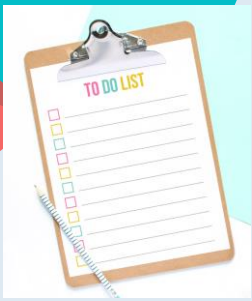

25
How will your proposal be evaluated?
Mission, Philosophy, Goals and Core Values
Community Need
Funding
Preparedness
OOOHHH PICK ME! PICK ME!

25

4.
THE PLANNING

26

Get your to-do list going!



MARKETING

- Print
- Social Media
- Media
- Email Blasts
- Word of Mouth

LOGISTICS

- Equipment
- Supplies
- Rentals
- Location
- Timeline/ Schedule
- Vendors
- COVID-19 safety guidelines

STAFFING & VOLUNTEERS

- Roles and Responsibilities
- Outside Help:
  - Police
  - Fire
  - Partners

27

Get your to-do list going!

TRIPLE CHECK

ADMINISTRATIVE DUTIES

- Sticking to Budget
- Follow Financial and Procurement Procedures

PRE-EVENT/PROGRAM MEETING

- Review Roles and Responsibilities
- Event Layout
- Goals
- Expectations
- Questions

GET READY!

- Registration
- Pre-Sales
- Triple-check!

28

5.
THE EXECUTION

29

30

Day of Tips!

- Be Open to Adjustments & Have a Back-up Plan
- Stay Focused on Customer Service
- Over Communicate with all Parties
- Pics or it Didn't Happen!
- Stay Calm
- Keep Objective in Mind – Have FUN and take in the moment!

30

31

Surveys

- Overall Experience
- Rate: Location, Schedule, Staff, etc.
- How did you hear about program or event?
- Demographics
- Incentives to complete- giveaways!

31

6. THE EVALUATION

32

33

Post Meeting

Topics to Discuss:

- Hiccups
  - What worked?
  - What didn't?
- Analyzing Data
  - Participant Numbers
- Survey Says….!
- General Staff Feedback

33

34

Keep Your Notes!

Record All Your Success & Failures for your next time around!

Don't Work Hard, Work Smart!

34

35

Reporting your Actual Numbers $$$$

Complete your budget report to show all financial actuals:

- Final Revenue
- Final Operating Expenses
- Final Staff Expenses
- Sponsorship/Grant Revenue

This will calculate your Total Cost Recovery!

35

36

MIAMI BEACH
PARKS & RECREATION — *Special Event Proposal*

Date of Submittal:		Population:	
Special Event Name:		Site of Event:	
Date of Event:		Estimated # of Patrons:	
Start/End Time:		Actual # of Patrons:	

Event Description *(Include intended RIO, planned activities, etc.)*:

Partnership *(if applicable)*:

OPERATING EXPENSES

Vendor Name	Budget Code	Description	Estimated Cost	Actual Cost
	011-0950-000		$0.00	$0.00
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	011-0950-000		$0.00	$0.00
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	011-0950-000		$0.00	$0.00
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	011-0950-000		$0.00	$0.00
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STAFFING EXPENSE

Position Name	Av. Hourly rate	# of hrs.	# of Positions	Proposed Total	Actual Cost
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	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	$ -	0.0	0	$ -	$ -
	TOTAL STAFFING EXPENSE:		0	$ -	$ -

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REVENUE SUMMARY

Type of Revenue *(Rides, Concessions, etc.)*	Estimated Cost	Actual Cost
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
	$ -	$ -
ESTIMATED TOTAL:	$ -	ACTUAL TOTAL: $ -

SPONSORSHIP / GRANT / DONATIONS / FUNDRAISING REVENUE

Source	Item	Subtotals
		$ -
		$ -
		$ -
		$ -
		$ -
	SPONSORSHIP / PRODUCT TOTAL:	$ -
	TOTAL REVENUE:	$ -

SPECIAL EVENT BUDGET OVERVIEW (PROPOSED & FINAL):

	Estimated	Actual
Revenue Summary	$ -	$ -
Sponsorship / Grant / Donations / Fundraising Revenue	$ -	$ -
TOTAL REVENUE	$ -	$ -
Operating Expense	$ -	$ -
Staffing Expense	$ -	$ -
TOTAL OPERATING BUDGET	$ -	$ -
TOTAL NET BUDGET	$ -	$ -
TOTAL COST RECOVERY % (SUBSIDIZED)	#DIV/0!	#DIV/0!

OPERATING EXPENSE COST (without Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Expense *divided by* the number of participants)

TOTAL OPERATING BUDGET COST (with Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Operating Exp. + Staffing Exp. *divided by* the # of participants)

TOTAL NET BUDGET COST (with Revenue and Staffing)

Cost Per Participant: Estimated #DIV/0! Actual #DIV/0! (Total Net Budget *divided by* the number of Participants)

SUPERVISOR APPROVAL/DENIAL

Miscellaneous Notes:

Proposal Entered by: _____ *Supervisor Signature:* _____

Deputy Director: _____ *Director:* _____

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The best part
....
CELEBRATE !

- Letter To Commission
- Social Media Recaps
- Media Alerts
- Newsletters
- Thank You Emails to Staff, Volunteers & Vendors

37

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Examples

of Successful Programming & Events

38

Miami Beach Senior Events

39

39

Miami Beach Common Threads Program

40

40

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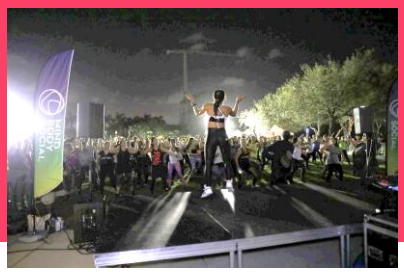
Step Up Your Health, Doral! Mayor's Wellness Initiative



41

42

GENIUS Science Labs

42

COVID-19 Pandemic Considerations

43

44

COVID-19 Programming & Event Guidelines

KNOW YOUR CITY/COUNTY RESTRICTIONS!

1. **Promote Behaviors that Reduce Spread**
- Online Registration & Communication
- Staying Home When Appropriate
- Hand Hygiene and Respiratory Etiquette
- Cloth Face Coverings, Adequate Supplies and Sign and Message

2. **Maintaining Healthy Environments**
- Cleaning and Disinfection
- Shared Objects and Water Systems
- Modified Layouts & Physical Barriers and Guides
- Food Service
- Communal Spaces

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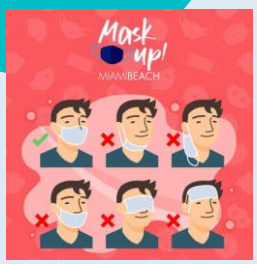
COVID-19 Programming & Event Guidelines



45

3. **Maintaining Healthy Operations**
- Protections for participants who are at Higher Risk of Severe Illness from COVID-19.
- Identify small groups – Cohorts
- Staggered Scheduling
- Participant Drop Off & Pick Up Procedures
- Gatherings, Visitors, and Field Trips
- Back-up Staffing Plan
- Staff Training and Recognizing Signs and Symptoms

4. **Preparing for When Someone Gets Sick**
- Procedure in the event participants/staff present symptoms
- Clean and Disinfect
- What to do if a person test positive which has been in program or facility
- Notifying Health Officials and Close Contacts

45

Recent Programming Examples

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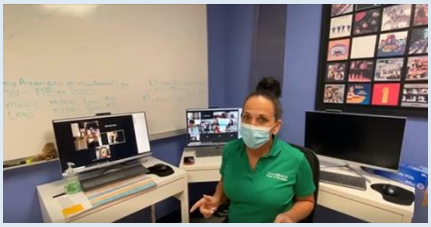

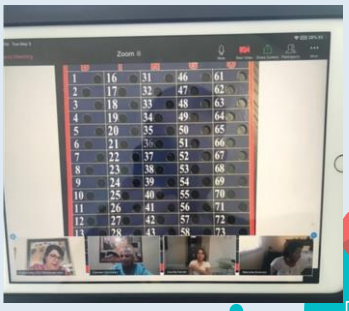

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Recent Event Examples

47

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Recent Event Examples

48

49

What are you doing?

Tell us your stories! ☺

49

50

"Be stubborn about your goals and flexible about your methods."

–Unknown

50

51

Thanks!

Any questions?

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Vianca Peron-Sellan, MPA
Administrative Services Manager
City of Miami Beach
ViancaPeron-Sellan@miamibeachfl.gov

Erin Weislow, MPH, CPRP
Parks and Recreation Director
City of Doral
Erin.Weislow@cityofdoral.com

MIAMIBEACH

DORAL FLORIDA

VISIONPOSSIBLE FRPA 2020

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VISIONPOSSIBLE

FRPA 2020

FRPA

FLORIDA RECREATION & PARK ASSOCIATION

FOR MORE INFORMATION ABOUT THE FLORIDA RECREATION AND PARK ASSOCIATION VISIT FRPA.ORG

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