

NCRL PRESENTER PROGRAM PROPOSAL FORM

Thank you for your interest in presenting a program with North Central Regional Library. Please review the NCRL Program Guidelines and the following information, then use this form to submit a program proposal. Proposals can be submitted to any NCRL library branch or to info@ncrl.org.

Library programs are considered a core service that help us meet our strategic goals and support our mission: *Connecting the people of North Central Washington to vital resources and opportunities that foster individual growth and strengthen communities.*

- All library programs must be free and open to the public.
- Ideally, planning begins at least 2-3 months before the program date.
- Products or services may not be sold during programs. The sale of works (such as books, music, or artwork) by presenters, friends groups, or local bookstores may be allowed before or after the program *with prior arrangement* from NCRL staff.
- For profit groups may present programs that are free and provide value to participants. They may provide information about their business, but the whole program cannot be a sales pitch.

Due to the high volume of proposals that we receive, NCRL staff will respond only to the program proposals that most closely meet our mission, guidelines, needs, schedule, and budget. Submission does not guarantee acceptance. Proposals will be kept on file for future consideration.

CONTACT INFORMATION

CONTACT PERSON: _____

ORGANIZATION: _____

WEBSITE: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PROGRAM DETAILS

PROGRAM TITLE: _____

PRESENTER NAME(S): _____

PROGRAM DESCRIPTION:

NCRL'S MISSION: How does your program support our mission of *connecting the people of North Central Washington to vital resources and opportunities that foster individual growth and strengthen communities?*

PRESENTER QUALIFICATIONS & BRIEF BIO:

TYPE OF PROGRAM: (check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Performance | <input type="checkbox"/> Workshop / How-To |
| <input type="checkbox"/> Art / Craft | <input type="checkbox"/> Social | <input type="checkbox"/> Other (brief description): |
| <input type="checkbox"/> Author Visit | <input type="checkbox"/> STEM | |
| <input type="checkbox"/> Lecture / Forum | <input type="checkbox"/> Storytime | |

TARGET AUDIENCE: (check all that apply)

- | | | | |
|-----------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> All Ages | <input type="checkbox"/> Baby & Toddler | <input type="checkbox"/> Tweens (Middle School) | <input type="checkbox"/> Adults |
| <input type="checkbox"/> Families | <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Teens (High School) | <input type="checkbox"/> Seniors |
| | <input type="checkbox"/> Kids (Elementary) | | |

SKILL LEVEL: (check all that apply)

- Beginner: audiences do not need to have any skills or prior knowledge
- Intermediate: audiences need some skills or knowledge
- Advanced: audiences need specific skills or knowledge to succeed

MAXIMUM NUMBER OF ATTENDEES: _____ **PROGRAM DURATION:** _____

WILL THE PROGRAM REPEAT? IF YES,

- | | | |
|---|--|---|
| <input type="checkbox"/> Monthly (_____)
<i>Ex.: 3rd Thursday</i> | <input type="checkbox"/> Weekly (_____)
<i>Ex.: Every Tuesday</i> | <input type="checkbox"/> Limited # of times (_____)
<i>Ex.: 4 months; 6 weeks; 3 times</i> |
|---|--|---|

SCHEDULING & LOGISTICS

LOCATION: Which libraries would you like to bring this program to? (check all that apply)

- | | | | |
|---|---------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Brewster | <input type="checkbox"/> Ephrata | <input type="checkbox"/> Omak | <input type="checkbox"/> Soap Lake |
| <input type="checkbox"/> Bridgeport | <input type="checkbox"/> George | <input type="checkbox"/> Oroville | <input type="checkbox"/> Tonasket |
| <input type="checkbox"/> Cashmere | <input type="checkbox"/> Grand Coulee | <input type="checkbox"/> Pateros | <input type="checkbox"/> Twisp |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Leavenworth | <input type="checkbox"/> Peshastin | <input type="checkbox"/> Warden |
| <input type="checkbox"/> Coulee City | <input type="checkbox"/> Manson | <input type="checkbox"/> Quincy | <input type="checkbox"/> Waterville |
| <input type="checkbox"/> Curlew | <input type="checkbox"/> Mattawa | <input type="checkbox"/> Republic | <input type="checkbox"/> Wenatchee |
| <input type="checkbox"/> East Wenatchee | <input type="checkbox"/> Moses Lake | <input type="checkbox"/> Royal City | <input type="checkbox"/> Winthrop |
| <input type="checkbox"/> Entiat | <input type="checkbox"/> Okanogan | | |

DATES & TIMES THAT YOU ARE AVAILABLE:

Check the open hours of the libraries you are interested in visiting at www.ncrl.org/locations.
If you have a specific date and time in mind, include that here.

SET-UP & SPACE REQUIREMENTS: (attach extra sheets if needed)
(*ex. chairs, tables, square footage, etc*)

EQUIPMENT OR TECHNOLOGY NEEDED: (check all that apply)

- Laptop Projector Screen Speakers
 PA System Microphone Extension Cord Other:

SUPPLIES NEEDED: (attach extra sheets if needed)

FEES

Many library programs are done on a volunteer basis. If you require a presenter fee, what amount are you seeking?

PRESENTER FEE : _____

If you need program supplies, and supply costs are not included in your presenter fee, please estimate the total.

SUPPLIES EXPENSES: _____

If you need reimbursement for travel expenses (mileage and/or lodging according to state per diem rates), please estimate the total.

TRAVEL EXPENSES: _____

TOTAL: _____

HAVE YOU PRESENTED AT NCRL BEFORE?

- YES: Please list titles and dates of prior programs.
- NO: Please list two organizations where you have presented (we may contact them).

COMMENTS: Please explain anything else that we may need to know when making our decision.

PLEASE RETURN THIS FORM TO ANY NCRL LIBRARY BRANCH OR EMAIL TO INFO@NCRL.ORG