



**City of Phoenix**  
HUMAN SERVICES DEPARTMENT  
COMMUNITY & SENIOR SERVICES DIVISION

Thank you for your interest in the Screened Presenter program for the City of Phoenix Senior Centers. Enclosed is a copy of the Presentation Procedures/Guidelines which outlines the process and explains applicable fees.

If you wish to apply for the Screened Presenter program, please complete the enclosed application and return it to [screenedpresenter.sc.hsd@phoenix.gov](mailto:screenedpresenter.sc.hsd@phoenix.gov). There is a \$250 non-refundable application fee to be placed on the Screened Presenter program list (fees can be waived for nonprofits 501(c)(3), government agencies or educational institutions). A check in the amount of \$250.00 payable to the City of Phoenix is due after your company or business has been notified that they have been accepted to the Screened Presenters program. This nonrefundable application fee is used to help fund events for the older adults served by the department.

Your application will be reviewed for recommendation to the program. Depending upon the requested activities, we may ask for additional documentation and/or your permission to conduct a background reference check to complete the process.

You may also wish to consider the advantages of becoming a sponsor through our City of Phoenix Senior Center Sponsorship Program. Contact us at [screenedpresenter.sc.hsd@phoenix.gov](mailto:screenedpresenter.sc.hsd@phoenix.gov) for information.

Please contact us if you have any questions regarding the information provided in this packet.

Thank you,

Senior Programs staff,  
[screenedpresenter.sc.hsd@phoenix.gov](mailto:screenedpresenter.sc.hsd@phoenix.gov)



**City of Phoenix**  
Human Services Department

## **Screened Presenter Program Guidelines**

**For Presentations, Informational Sessions,  
Demonstrations, Displays, Clinics and/or  
Screenings or Placement of  
Marketing/Outreach Materials On-site at  
Senior Centers by Outside Organizations**

### **Purpose**

The Community and Senior Services Division continues to demonstrate its commitment to serve as a community focal point by ensuring the senior centers make available a broad spectrum of services, information and activities. As a community focal point, the information provided through the senior center includes health-related, social, nutritional, and other general-educational topics.

Information and assistance about the availability of services in the community are important, such as information and/or awareness of medical and consumer-related matters that affect or impact the lives of elderly and/or disabled older adults.

Presentations offered by various businesses, government and educational entities within the community allow center members to receive the latest educational and consumer-oriented information regarding service availability.

### **Procedures**

#### **Advance Permission is needed**

Individuals, companies, organizations and/or agencies (outside the City of Phoenix government) must obtain advance permission to conduct presentations or distribute marketing materials at senior centers operated by the City of Phoenix, Human Services Department, Community and Senior Services Division.

#### **How to obtain an application and permission:**

Parties requesting to conduct presentations or distribute marketing materials must contact the Screened Presenter Program coordinator to obtain a Presentation Application form IN ADVANCE of their appearance at the senior center(s).

#### **Screening Process:**

Upon receipt of the completed application, the application will be reviewed to determine suitability of presentations within senior center program standards. Applications and presentation contents will also be reviewed for potential of harm to clients or liability to the City.

#### **Application fees:**

A **\$250 non-refundable application fee** is due upon application approval. (Nonprofits, government agencies or educational institutions may request a fee waiver at the time of application for non-commercial presentations/materials.)

**Restrictions:**

The application includes an agreement stating that a presenter may not:

- Solicit personal information from members
- Sell products or services on-site
- Collect members' names and/or other contact information through mailing lists, sign sheets, drawing tickets, etc.
- Make or arrange appointments with or for members on-site

It is at the members' discretion to contact each business or agency after the presentation or from the marketing materials. Contact information in the form of handouts, business cards, etc. may be left at the end of the presentation for members to take with them for future use.

*Scheduling a presentation is at the senior center supervisors' discretion. Topics to be presented at the senior centers are selected to fit program needs and the interests of each centers' members. Presence on the Screened Presenter list does not guarantee a minimum number of presentations will be scheduled.*

**Terms of Application**

Organization will appear on the Screened Presenter list for 12 months. At the end of the one-year period, reapplication is required. Correspondence will be sent to all individuals on the Screened Presenter List prior to expiration.

**Termination from List**

The City reserves the right to remove the organization from the Screened Presenter program at any time, without refund of fee, if the organization does not follow program restrictions (as outlined above) or changes the nature of the presentation(s) or marketing materials outside the description provided on the application. The organization will have the right to ask for a review if such an incident occurs.

## APPLICATION FOR PRESENTATIONS AT SENIOR CENTERS

Organization or Company	Length of time in operation	Application Date  / /
Representative or Contact Person	Title:  Email:	
Mailing Address (Include City, State, Zip)	Telephone Number: Work (w/ Ext.): _____  Cell: _____	

***Please indicate the category that applies to you:***

<p><b><u>For-Profit</u></b></p> <p>Individual <input type="checkbox"/> Business <input type="checkbox"/> Corporate <input type="checkbox"/></p> <p>Name: _____</p> <p><b><u>Non-Profit other:</u></b></p> <p><b>Church-sponsored program or service</b></p> <p>Name: _____</p> <p><b>Educational School, College, or University</b></p> <p>Name: _____</p>	<p><b><u>Non-Profit Charitable</u></b></p> <p>Provide a copy of your IRS determination letter and tax ID number below:</p> <p>_____</p> <p>Name of agency/entity: _____</p> <p>_____</p> <p><b><u>Government</u></b></p> <p>Name of agency/entity: _____</p> <p>_____</p>
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***Please note the following restrictions on ALL types of organizations:***

**Individuals/organizations/businesses/agencies cannot:**

- **Solicit personal information from members**
- **Sell products or services on-site**
- **Make or arrange appointments with or for members on-site**
- **Collect members' names and/or addresses through mailing lists, sign sheets, drawing tickets, etc.**

**It is at the members' discretion to contact your business or agency after your presentation.**

**Contact information in the form of handouts, business cards, etc. may be left at the end of the presentation for members to take with them for future use.**

**What are the titles and topics of the presentations requested to be scheduled in the centers?**

(Attach a written description and sample handouts to this application. A menu of topics available is useful. If a video is available, please include.)

**How long is each presentation?**

**To deliver this information, we will use the following method(s):**

(Organizations must provide their own equipment and supplies.)

Speaker  Video  PowerPoint  Interactive Demonstration

Clinic/Screening

*(Invasive or hands-on clinics/screenings require the Health Fair/Community Event Release and Indemnification form and must be approved prior to clinic/screening)*

Other Format - please specify:  
\_\_\_\_\_

**Please describe why this information is of particular benefit to members of the community age 60 or older:**

**Are handouts available in languages other than English?**

English Only  Spanish  Mandarin/Chinese

Other Languages: \_\_\_\_\_

**Are speakers or other media available in languages other than English?**

English Only  Spanish  Mandarin/Chinese

Other Languages: \_\_\_\_\_

**By signing this application, I/we understand the terms and conditions of this program as outlined above and in the Guidelines which have been received.**

A non-refundable application fee of \$250 will be due upon application approval.

A fee waiver is requested due to my status as a nonprofit or government organization/agency or noncommercial topic.

**Authorizing Signature:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

The City of Phoenix does not directly or indirectly endorse any products or services presented, or to be presented, by the Screened Presenter. Screened Presenter(s) shall not state or imply any endorsement by the City of Phoenix or any of its employees.

Please return completed application to:  
[screenedpresenter.sc.hsd@phoenix.gov](mailto:screenedpresenter.sc.hsd@phoenix.gov)  
OR  
City of Phoenix, Human Services Department CSSD  
Senior Center Screened Presenter Program  
200 West Washington Street, 18th Floor  
Phoenix, AZ 85003

Fees will be used to fund special programming and senior events.