Programming Partnership Proposal

Thank you for your interest in providing programming for our community. Your proposal will be evaluated on how well it aligns with the library’s strategic plan, programming goals, and the availability of library resources. Library programming efforts are planned at least eight weeks in advance of the event date.

Program Title/Topic: ________________________________________________________________

Presenter Name: ___________________________________________________________________

Agency/organization (if applicable):
____________________________________________________________________________________

Desired Date: _________________________  Program Length: ____________________________

Fee Required: ______________________________

Type of Program:   Class or instruction   Entertainment or performance

Target Audience:   Babies   Preschool   Ages 6-12   Teens   Children   All ages

If Adult, Program Category:   Arts/Literature   Community Well-Being
 Digital Literacy/Makerspace   Financial/Legal   Health/Wellness
 History   Jobs/Small Business   Science/Nature   Other: _____________________________

Preferred Branch:   MP   MV   NB   NS   RV   SV   WB

Anticipated Audience Size:   40-100   25-39   15-24   15 or fewer   Don’t know

Please provide a detailed description of the program and include the qualifications of the presenter(s) or reviews of program content:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Describe your goals in presenting the proposed program:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What is the intended impact on participants?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How will you help promote this program?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you interested in having the program recorded and streamed and do you have permission from all content providers to do so?
☐ Yes ☐ No

Presenters are not allowed to solicit funds, personal information, or promote commercial services. It is acceptable to make available promotional materials about the organization on a table at the back of the program. ☐ I agree

Contact person: ____________________________________________________________
Contact Email address: _______________________________________________________
Phone Number: __________________________

For adult programming, email this form to Beth Porter:
beth.porter@co.ramsey.mn.us

For children’s programming, email this form to Ann Wahlstrom:
anw.wahlstrom@co.ramsey.mn.us
For teen programming, email this form to Alyssa Stevenski:
alyssa.stevenski@co.ramsey.mn.us