**On the Canals 2024 – Recreational Adventures RFQ Response Form**

Please use this form to submit a response to the On the Canals 2024-Recreational Adventures Request for Qualifications. If all details for the proposed adventures are not yet known, we encourage you to respond with any information available at the time of submission. When complete, please send this form via email to [OntheCanals@nypa.gov](mailto:OntheCanals@nypa.gov) per the instructions in Section IV of the RFQ.

**Organization Information:**

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| --- | --- |
| Organization Name: |  |
| Organization Address: |  |
| Organization Website: |  |
| Organization Description: |  |
| Point of Contact Name: |  |
| Point of Contact Email Address: |  |
| Point of Contact Phone #: |  |

**Recreational Activities/Excursions proposed:**

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| Detailed description of activity/activities to be offered. (Please refer to Section III. Scope of the RFQ for suggested activities. Multiple lines are included in case the respondent is suggesting multiple excursions. | |
| **Season** *(Summer, Fall, and/or Winter)* | **Description of activity/activities** |
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| Please provide details on how the proposed adventures supports the On the Canals program goal noted. | |
| * Increased visitation to the cities, towns, and villages along the Canal |  |
| * Expanded awareness and utilization of the New York State Canal System and Empire State Trail for recreation by people of all backgrounds and abilities |  |
| * Greater accessibility for people of all abilities |  |
| * Participation by marginalized and under-represented communities |  |
| * Responsible conservation and environmental stewardship |  |

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| Would your organization partner with any other providers to offer the activity/activities? If so, please provide the partner organization name. |  |
| Location in which activity can be offered |  |
| Will the adventure be guided? |  |
| Age requirements for activity |  |
| Reservation system/method to be used |  |
| Data that can be provided to NYPA/Canals (i.e. # of reservations, zip codes of participants, email address of participants) |  |
| Dates or range of dates the adventure can be offered |  |
| Start-up costs, including equipment to operate the activity |  |
| Provider’s price per participant to offer the activity for free to the public |  |

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| Describe the anticipated long-term benefit of offering adventures as part of the On the Canals program |  |
| For accessible adventures, describe the plan for ensuring accessible adventures are a sustainable offering of your business/organization going forward |  |
| Describe the experience your organization has with offering recreational adventures to people with disabilities and/or people for under-represented communities. |  |
| Describe the accommodations your organization is able to provide in order to welcome people of all abilities. |  |
| Describe the assistance your organization needs in order to offer recreational adventures to people of all abilities |  |