

Parks, Recreation & Cultural Services

PR&CS Administration, 1401 Recreation Way, Colorado Springs, CO 80905



Agenda

Westside Community Center Working Committee

Thursday, April 18, 2024 2:00 p.m. Westside Comm. Center, 1628 W. Bijou St.

How to call in to the meeting for citizens:

Please dial +1 (720) 617-3426 Conference ID: 953 979 574#

How to comment:

- *For Citizen Discussion concerning items that are not on the agenda please email your comments to WCCWorkingCommittee@coloradosprings.gov in advance of the meeting.*
- *For Agenda Items - Before the meeting, those who wish to comment should submit their name, telephone number, and the topic or agenda item for comment to WCCWorkingCommittee@coloradosprings.gov. If you are a participant in Microsoft TEAMS please use the chat function to indicate you would like to comment. If you have joined the meeting via conference call, please listen for your opportunity to comment. You will be called upon to comment using the last four digits of your telephone number. Please limit your comment to three minutes.*

Announcements	<i>(Timings are approximate)</i>	Staff and Committee
Citizen Comment/Discussion		Citizens
Approval of Minutes		Committee
Working Committee Meeting Minutes – March 21, 2024		
Action Items		
Review of submitted and postponed <i>Proposals for Leased Space (0 minutes)</i>		
- N/A		
Review of submitted and postponed <i>Proposals for Program/Services (20 minutes)</i>		
- Best Foot Forward Nursing LLC – Lisa Heinecke		
- Tai Chi – Martin Kelly		
Committee Business		Committee
2024 Event Update – “Westside Community Saleabration Block Party” <i>(30 minutes)</i>		Committee/Staff
Community Garden bed / Working Committee adoption of beds along Bijou <i>(10 mins.)</i>		Liz and Committee
May Parks Board Presentation on WCC/WC status <i>(10 minutes)</i>		Justin/Jamie

Presentation Items *(30 minutes)*

Friends of El Paso County Nature Centers

Theresa Odello/
Risë Foster-Bruder

Staff Updates *(15 minutes)*

Westside Community Center

Staff

Facility Operations: Community garden; Signage on campus;

Jamie/Felicia

Programs and leases update; OCCA Mixer (May 14), Seasonal staff

Colorado Springs Boards and Commissions Appreciation Night (April 18)

Anna

Adjournment

Committee



**Westside Community Center Campus
Contract Program or Service Provider Proposal**

This proposal form and all information contained within will be made public during the Westside Community Center Working Committee review process.

Organization or Provider Name: Best Foot Forward Nursing LLC

Contact Name: Lisa Heinecke, BSN, RN, CFCS

Contact Email: Lisa@bestfootforwardnursing.com

Contact Phone: 719-464-1739

Type of Organization: Individual For Profit Non-Profit Other: _____

What type of program or service are you proposing?

- Program (Defined as an ongoing, multi-session offering that builds on skills or learning from session to session, typically lead by an individual or instructor)
- Service (Defined as an offering providing a community good, either for no or nominal cost, to enhance community understanding of a particular topic or be a resource or service for the community)
- Other:

Organization and Proposed Program Information

(please attach additional pages as needed)



Please describe your proposed contract program or service. Include the title, description, populations served, anticipated attendance per class and general participant fees (if applicable). Please also include how this program or service is of value to the Westside Community, list goals and objectives of the program or service, and describe how you intend to make this program successful.

Title:
Adult and Senior Foot Care Service Proposal

Description:
The proposal outlines a specialized nursing foot care service for adults and seniors in our community, focusing on diabetic individuals and others at high risk of wounds, infections, and amputations. Foot care includes assessment of the feet and lower legs, a care plan created with the individual to address problems that are identified, followed by toenail trimming, corn, callus, and ingrown toenail care. I will provide personalized nursing care in an accessible community setting, enhancing the quality of life for our adult and elderly population.

Population Served:
Adults and Seniors aged 18+ in our community experiencing foot-related issues such as diabetes complications and other health conditions that increase their risk of amputation.

(proposal form continues on next page)

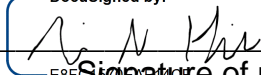


Optional: You may submit a cover letter further expressing your interest in offering this contract program or service at the Westside Community Center Campus.



Statement of Understanding

*I understand that this is a proposal to offer contract programs and services at the Westside Community Center Campus. I understand that this form and all information contained within will be made public during the Westside Community Center Working Committee review process. I acknowledge that the City is subject to the Colorado Open (Public) Records Act, C.R.S. § 24-72-201 et. seq. I further understand that, if selected to discuss an agreement, I will be contacted by a member of the City of Colorado Springs Parks, Recreation and Cultural Services Department. **Failure to sign and return this form could result in the rejection of the entire submission.***

DocuSigned by:

Signature of proposer

4/4/2024
Today's Date

Title:

Adult and Senior Foot Care Service Proposal

Description:

The proposal outlines a specialized nursing foot care service for adults and seniors in our community, focusing on diabetic individuals and others at high risk of wounds, infections, and amputations. Foot care includes assessment of the feet and lower legs, a care plan created with the individual to address problems that are identified, followed by toenail trimming, corn, callus, and ingrown toenail care. I will provide personalized nursing care in an accessible community setting, enhancing the quality of life for our adult and elderly population.

Population Served:

Adults and Seniors aged 18+ in our community experiencing foot-related issues such as diabetes complications and other health conditions that increase their risk of amputation.

Anticipated Attendance:

Depending on space availability, I anticipate serving 8 individuals daily over 8 hours. Individuals will be identified through targeted outreach to local senior centers, retirement communities, healthcare providers, and community organizations.

Participant Fees:

Being able to see multiple community members in one location will reduce my travel time and allow me to offer a 40% discounted fee for my services. Each individual can be treated for \$42. Most individuals will need this type of care every 8-12 weeks.

Value to the Community:

My service improves adult and seniors' quality of life by addressing foot issues like diabetic complications and toenail care, promoting mobility and well-being, and preventing complications. It's accessible, empowering, and reduces healthcare burden.

Goals and Objectives:

Improve Foot Health:

- Provide diabetic foot care and address common issues like toenail overgrowth, ingrown toenails, and dry, cracked skin that creates an opportunity for infection.

Increase Accessibility:

- Outreach to community organizations and offer affordable fees.

Establish Long-term Care:

- Encourage regular attendance and provide educational resources.

Making the Program Successful:

Partner with Community Organizations
Customize Services for Adult and Seniors' Needs
Skilled and Compassionate Nursing
Evaluate and Improve Continuously
Promote Services Effectively
Remain Flexible and Adaptive

Conclusion:

My proposed foot care service addresses a critical need among adults and seniors by offering specialized and affordable care. I am committed to improving the quality of life for our adult and elderly population through professional foot care services.

Dear Westside Community Center Working Committee,

I am writing to express my heartfelt interest in offering specialized foot care services to our community, particularly to our adult and senior population. Having been a resident of this area since childhood, I am deeply committed to contributing to the well-being of our community members and ensuring they have access to essential healthcare services.

I've observed the limited availability of specialized foot care services in our area, and I am eager to fill this gap by providing comprehensive foot care solutions tailored to the unique needs of our community. What sets my service apart from traditional nail salons is my unwavering focus on health rather than aesthetics. With a background in nursing, wound care and infection prevention, I understand the critical importance of foot health in overall well-being and am dedicated to delivering services that prioritize health outcomes above all else.

I firmly believe that every member of our community deserves access to high-quality healthcare services, regardless of their age or socioeconomic status. By offering specialized foot care services, I aim to empower our community to take control of their foot health, prevent complications, and ultimately enhance their quality of life.

I am confident that my expertise, passion for community health, and commitment to excellence make me well-suited to meet the foot care needs of our community members. I am eager to collaborate with local organizations, healthcare providers, and community leaders to ensure that our seniors have access to the care they deserve.

Thank you for considering my proposal. I am enthusiastic about the opportunity to make a meaningful difference in the lives of our community members through specialized foot care services.

Sincerely,

Lisa Heinecke, BSN, RN, CFCS (Registered Nurse Certified Foot Care Specialist)



**Westside Community Center Campus
Contract Program or Service Provider Proposal**

This proposal form and all information contained within will be made public during the Westside Community Center Working Committee review process.

Organization or Provider Name: Martin Kelly / dba: Self Care Arts
Contact Name: Martin Kelly
Contact Email: mountaindragon2020@gmail.com
Contact Phone: 719 357-3167
Type of Organization: Individual For Profit Non-Profit Other: _____

What type of program or service are you proposing?

- Program (Defined as an ongoing, multi-session offering that builds on skills or learning from session to session, typically lead by an individual or instructor)
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Organization and Proposed Program Information
(please attach additional pages as needed)

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Title - Tai chi + Qigong for Self-Care

desc. - Learn basic tai chi chuan / taijiquan solo postures and movement forms to improve balance, strengthen joints and improve range of motion; this gentle exercise is enjoyed the world over for health benefits for mind and body and the many researched health benefits as long term self care practice.

Qigong - Is gentle movement practice - internal yoga system from China of which tai chi is a martial form of Qigong. Students will learn seasonal qigong to stimulate their Qi - vital energy via breathwork and animal postures stretching and strengthening entire (proposal form continues on next page)

body and incorporating mental focus - concentration for mental exercise as well. Producing balanced mind - Body workout



see \$45 for 7 wk course.
start date 1x wk in MAY 9-10 am Tues



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M. Kell

Signature of proposer

4/9/24

Today's Date