



SCHEDULE A

Application of Interest Community Planning and Facility Partnerships

APPLICANT NAME:

ORGANIZATION:

ADDRESS:

CITY:

POSTAL CODE:

PHONE:

FAX:

EMAIL:

WEBSITE:

DESCRIBE YOUR DAY TO DAY OPERATIONS THAT YOU ARE PROPOSING FOR THIS PARTNERSHIP:

HOW WILL A PARTNERSHIP BETWEEN THE BOARD AND YOUR ORGANIZATION PROVIDE A BENEFIT TO THE STUDENTS AT THE SCHOOL, OR TO THE BOARD?

NAME OF SCHOOL FOR PARTNERSHIP:

WHAT ARE YOU SPACE REQUIREMENTS:

NUMBER OF CLASSROOMS:

SQUARE FEET/ METERS

WASHROOMS:

STORAGE SPACE:

PARKING SPACES:

HOURS OF OPERATION:

WHO WILL BE ACCESSING/USING THE SPACE ON A DAY TO DAY BASIS?			
STAFFING:		CLIENTS:	
VISITORS:		OTHER:	
ARE ANY MUNICIPAL APPROVALS REQUIRED? IF YES, EXPLAIN...			
WHAT IS THE TIMELINE YOU ARE PROPOSING TO BEGIN OCCUPYING THE SPACE AND FOR HOW LONG?			
DO YOU EXPECT TO UNDERTAKE ANY CAPITAL IMPROVEMENTS? IF YES, EXPLAIN...			
WHAT IS YOUR SOURCE OF FUNDING FOR THIS PARTNERSHIP?			
OTHER COMMENTS/ATTACHMENTS:			

DATE OF SUBMISSION:

Revised: March 1, 2016