



APPLICATION FOR INTEREST IN ESTABLISHING COMMUNITY PLANNING AND FACILITY PARTNERSHIP

APPLICANT INFORMATION

Applicant Name:

Organization:

Address:

City:

Postal Code:

Phone:

()

Fax:

()

Website:

Email:

QUESTIONNAIRE

1. What is the nature of your business and the services provided?

2. Describe your day-to-day operations that you are proposing for this partnership.

3. How will a partnership between the TCDSB and your organization provide a benefit to the students at the school or to the Board?

4. Name of School or Facility for Partnership.

5. Space Requirements			
Square Feet/Meters:	Washrooms:	Parking Spaces:	
Number of Classrooms:	Storage Space:	Hours of Operation:	
6. Who will be accessing/using the space on a day-to-day basis?			
Staff:	Visitors:	Clients:	Other:
7. Are any municipal approvals required? If YES, explain:			
8. What is the timeline you are proposing to begin occupying the space, and for how long?			
9. Do you expect to undertake any capital improvements to the school or facility? If YES, explain:			
10. What is your source of funding for this partnership?			
Other comments/Attachments:			

Applicants Signature _____

Date of Submission _____