

**Encouraging Facility Partnerships
Application of Interest for partnerships in existing space/Questionnaire**

Applicant Name:	
Address:	
City:	
Postal Code:	
Phone #:	
Email Address:	

Describe the 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?	
Which school are you interested in?	
What are your space requirements? Number of classrooms; square footage:	
How many parking spaces would you require to operate?	
What would your hours of operation be?	

How many staff/visitors/clients would you estimate to access your operations in a day?	
Are any municipal approvals required? If so, provide details.	
What is the timeline you are proposing to begin occupying the space, and for how long?	
Do you expect to undertake any capital improvements?	
What is your source of funding for this partnership?	