



**APPLICATION OF INTEREST FOR COMMUNITY FACILITY PARTNERSHIP**

Potential community facility partners shall submit this signed application via e-mail to: [seniormanagerfs@wecdsb.on.ca](mailto:seniormanagerfs@wecdsb.on.ca)

**CONTACT INFORMATION**

Name of Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FACILITY PARTNERSHIP PROPOSAL**

Name and address of school property interested in:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a description of your organization and its goals:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a description of the service(s) to be offered in the facility:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What are your space requirements?

Number of Classrooms:		Room size (square feet):	
Other type of space requested:		Storage Space:	
Washrooms		Independently insured? Yes/no	
Parking Spaces:		Hours of Operation:	

Who will be accessing/using the space on a daily basis?

Number of Staff:		Number of Clients:	
Number of Visitors:		Other:	

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

How will your program contribute to the Mission and Vision of the Windsor-Essex Catholic District School Board?

What is the reason for your interest in partnering with the Windsor-Essex Catholic District School Board?

Are there any other unique service requirements:

Indicate if any renovations will be required and how you plan to pay for them:

What is your target date to begin occupying the space, and for how long?

What is your source of funding for this partnership?

Please provide any additional information that you feel is related to this application:

**SUBMISSION DISCLAIMER AND CONFIRMATION**

**Disclaimer:** This application in no way guarantees a community facility partnership with Windsor-Essex Catholic District School Board. By submitting this form you indicate your understanding that this is an application form to express interest only. This application will be reviewed and if considered further in the Board's Community Planning and Partnership process, you will be contacted and additional information may be requested.

Submitted by: \_\_\_\_\_  
Name

\_\_\_\_\_ Title

\_\_\_\_\_  
Signature (must have binding authority)

\_\_\_\_\_  
Date of Submission