



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

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www.cdsbeo.on.ca

COMMUNITY PLANNING AND PARTNERSHIPS **PARTNERSHIP PROJECT APPLICATION FORM**

Application Name: _____

Organization: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____

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?

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?

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?

Other Comments/Attachments:

How did you hear about us?

Date of Submission: _____