



### APPLICATION OF INTEREST FOR COMMUNITY FACILITY PARTNERSHIP

Potential community facility partners shall submit this form to the Community Planning and Partnership Committee of Bluewater District School Board to be considered as facility partners.

#### CONTACT INFORMATION

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

#### FACILITY PARTNERSHIP PROPOSAL

Location of Interest:  
\_\_\_\_\_

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

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

Provide your facility needs including size and type of space, square footage, number of classrooms, green space, unique service  
\_\_\_\_\_

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

Indicate hours of operation:  
\_\_\_\_\_

How many staff/visitors/clients would you estimate to access your operations in a day?:  
\_\_\_\_\_

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

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 Bluewater 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 Bluewater District School Board Community Planning and Partnership process, you will be contacted and additional information may be requested.

Submitted by: \_\_\_\_\_  
Name Title  
Signature Date of Submission