PARTNERSHIP PROJECT APPLICATION

DATE	ORGANIZATION		
COMPLETE ADDRESS			
CONTACT NAME		TITLE	
TELEPHONE		E-MAIL	
Location of Interest (name of school or pr	roperty):		
Please provide a brief description of your	r organization and its	goals :	
The type and amount of space required by your organization (square footage):			
Please provide a brief outline of the intended use of the space requested:			

What is your source of funding for this partnership?
What is your target date to begin occupying the space, and for how long?
What would be the hours of operation?
How many staff/visitors/clients would you estimate to access your operations in a day?
How many parking spaces would you require?
Please provide any additional information that you feel is relevant to this application:
Disclaimer: This application does not guarantee a facility partnership with the Upper Grand District School Board. I understand that this is an application form to express interest only. This application will be reviewed by one or more representatives of the Upper Grand District School Board. If this application is considered further in the Upper Grand District School Board's facility partnership development process, additional information may be requested. By clicking the "I Agree" button below and/or submitting this form, I am acknowledging that I understand that submission of this form is only an expression of my interest in a facility partnership.
I Agree
For questions or more information, contact:

Ruchika Angrish
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