



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO

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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: _____