

APPLICATION OF INTEREST IN FACILITY-SHARING PARTNERSHIP

ORGANIZATION

GREATER ESSEX COUNTY
DISTRICT SCHOOL BOARD
451 Park Street West
Windsor, ON N9A 6K1

COMPLETE ADDRESS

CONTACT NAME

TITLE

TELEPHONE

E-MAIL

Location of interest (name and address of school or property):

Please provide a description of your organization and its goals:

Describe the day to day operations that you are proposing for this partnership including service(s) to be offered:

What is the reason for your interest in partnering with the GECDSB

List your facility needs including size and type of space, square footage, number of classrooms, green space, unique service requirements, etc. Do you anticipate renovations being required?

How many parking spaces would you require?

Indicate hours of operation:

How many staff/visitors/clients do you estimate would access your operations in a day?

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