## **DISTRICT SCHOOL BOARD OF NIAGARA APPLICATION OF INTEREST IN FACILITY-SHARING PARTNERSHIP ORGANIZATION**

OMPLETE ADDRESS						
OWN ELTE ADDRESS		191 Carlton Street				
l		St. Catharines, ON L2R 7P4				
CONTACT NAME						
TITLE						
FEL FOLIONE						
<b>FELEPHONE</b>						
E-MAIL						
ocation of interest (r	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 DSBN						
ist 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?						

Does your organization have an itemized budget and associated funds to support a facility partnership?				
How many parking spaces would yo	u require?			
Indicate hours of operation:				
How many staff/visitors/clients do y	ou estimate would access	your operations	s in a day?	
What is your target date to begin oc	cupying the space, and fo	r how long?		
Please provide any additional inforn	nation that you feel is rela	ated to this appli	cation:	
<b>Disclaimer:</b> This application in no way				
understand that this is an application for			will be reviewed by one or more red further in the District School Board of	
Niagara's facility partnership developm	ent process, additional info	rmation may be r	equested by the District School Board of	
Niagara. By clicking the "I Agree" buttor submission of this form is only an expre	_		knowledging that I understand that	
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