## Detailed Project Proposal

## For Facility Partnership

The eligible facility partners will be invited to submit this form to the Board for review.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Organization: | |  | | | |
| Full Address: | |  | | | |
| Contact Name: | |  | | | |
| Position: | |  | | | |
| Contact Information: | | Phone: |  | | |
|  | | Cell: |  | | |
|  | | E-mail: |  | | |
|  | | | | | |
| Space Required (i.e. # rooms, washrooms, etc.). Specific requirements must be provided. | | | | | |
| Parking Requirements | | | | | |
| Renovations Required | | | | | |
| Required Zoning Compliance or Amendments and Timelines | | | | | |
| Financial Statements for Current and Past 5 Years | | | | | |
| Willingness of partners to conduct public/community meetings advising the community of the use of the facility.  Yes No  If no – Comment: | | | | | |
| Willingness of partners to work with the school community.  Yes No    If no – Comment: | | | | | |
| Has independent insurance. (please attach)  Yes No  If no – Comment: | | | | | |
| Meets requirement for criminal reference checks for all users/groups.  Yes No  If no – Comment: | | | | | |
|  | | | | | |
| Submitted by: |  | | | Date: | Click here to enter a date. |
|  | Signature | | |  | |
|  | | | | | |
| Print Name: |  | | | Title: |  |

For more information, please contact:

Darlene Madill

Communications/Community Outreach Officer

Rainy River District School Board

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