



## YORK CATHOLIC DISTRICT SCHOOL BOARD Partnership Application

### PART 1 – General Information

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website (If Available): \_\_\_\_\_

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### PART 2 – Background Information

Briefly describe your Organization:

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What is your company's Mission Statement/ Purpose?

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PART 3 - Requirements

What school(s) are you interested in?

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What is your intended use of this space?

Service to be provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hours of Operation: \_\_\_\_\_

(Specify if include M-F 6:00pm-10:00pm, Weekends)

Space Requirements: \_\_\_\_\_

\_\_\_\_\_

Number of Occupants

Staff: \_\_\_\_\_

External Clients: \_\_\_\_\_

Parking Requirements:

Staff: \_\_\_\_\_ Clients: \_\_\_\_\_

Requested Length of Term: \_\_\_\_\_

Is your organization considered For Profit or Not for Profit?: \_\_\_\_\_

Briefly describe how this proposed use may be a benefit to the students and school community

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Part 4 – Financial

Provide a letter of good standing and total financial limit from a nationally recognized financial institution

Do you have capital contributions available for any required renovations?:

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All Staff will be required to complete a Criminal Background Check.

Please submit the completed form to the attention of:

Christine Hyde, Senior Planner

Email: [christine.hyde@ycdsb.ca](mailto:christine.hyde@ycdsb.ca)

Mailing Address: York Catholic District School Board, 320 Bloomington Road West, Aurora ON L4G 0M1