

## PARTNERSHIP PROPOSAL FORM

Thank you for your interest in partnering with the TDSB! Tell us about your proposal by completing these initial questions. We will respond within 15 business days.

Organization Name	
Address	
Contact	
Telephone	
E-mail	
Web Site	
Date Submitted	
Name of Proposed Initiative	
Timeline	Proposed Start Date (mm/yy): _____ Proposed End Date (mm/yy): _____
Relationship with the TDSB	<input type="checkbox"/> <b>New Partner</b> <input type="checkbox"/> <b>Past Partner</b> <input type="checkbox"/> <b>Current Partner with a new initiative</b>

### OUTCOMES:

**1. In one sentence, what do you want to do?**

\_\_\_\_\_

**2. What benefit/s will be secured through this partnership for students and/or the school board?**

**A.** This proposal addresses the following TDSB strategic direction/s: *(Check all that apply)*

- Make every school an effective school
- Build leadership within a culture of adaptability, openness and resilience
- Form strong and effective relationships and partnerships
- Build environmentally sustainable schools that inspire teaching and learning
- Identify disadvantage and intervene effectively

**B.** This proposal addresses the following focus area for partnerships in the TDSB: *(Check all that apply)*

- Academic Improvement
- Career Awareness/ Development
- Community Involvement
- Curriculum Enhancement
- Interpersonal Skills
- Social/Emotional Skills (includes health & wellness and mental health)
- Staff Development
- Student Engagement
- Supplementary Support Services (assessment, counselling, treatment)

**3. What are the learning outcome/s that will be achieved through this proposal?**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**4. What measures of success will be used to assess whether outcomes have been achieved?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**ACTIVITIES:**

**5. What are the key activities that will be undertaken to achieve the outcomes?**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**6. A. The primary audience for this partnership will be: (Check all that apply and include estimated numbers of participants impacted)**

- Elementary Students # \_\_\_\_  Secondary Students # \_\_\_\_  TDSB Staff # \_\_\_\_  
 Parents/Families # \_\_\_\_

**B. Is the initiative uniquely for one of the following particular demographics?**

- Ethno-cultural specific  
    o Group: \_\_\_\_\_
- Gender specific  
     Boys  
     Girls
- LGBTQ
- Persons with Disabilities
- Newcomers

**7. The number of schools involved in this partnership will be: \_\_\_\_\_  
If one, which school? \_\_\_\_\_**

**8. Which of the following three categories best describes your proposal? (complete applicable checklist below)**

**A. Educational Partnership**

- Program
- Offered throughout the school year
  - For a period of time during the year (Timeline: \_\_\_\_\_)
  - During school hours
  - Lunch time
  - After School (3:00 – 6:00 p.m.)
  - Before School (7:30 – 8:30 a.m.)
  - March Break
  - Summer Break

- Presentation - Please complete the chart below & send all presentation materials to [partners@tdsb.on.ca](mailto:partners@tdsb.on.ca)

Format	Timeframe	Suitable Audience Size
<input type="checkbox"/> Classroom presentation	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 – 10
<input type="checkbox"/> School Assembly	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 10 – 30
<input type="checkbox"/> Workshop/Seminar	<input type="checkbox"/> ½ day	<input type="checkbox"/> 30 – 60
<input type="checkbox"/> After-school event	<input type="checkbox"/> Full day	<input type="checkbox"/> 60+

- Field Trip – Send promotional materials to [partners@tdsb.on.ca](mailto:partners@tdsb.on.ca)  
 Request for distribution of curriculum-related materials – Send materials to [partners@tdsb.on.ca](mailto:partners@tdsb.on.ca)

**B. Business Partnership**

- Request for Distribution of Materials
- Offer Employee Discounts
- Donation
- Fundraising Initiatives
- Sponsorship
- Vendor

**C. Facilities Partnership**

- Facilities Enhancement Project
- Co-building Capital Project (partner brings full capital dollars to build new space)
- Exclusive Space Request (use of exclusive space during school operating hours)
- Shared Space Request - use of space during school operating hours, shared with school
- Shared Space Request - use of space outside of school operating hours (School operating hours are from 7 AM to 6 PM on school operating days (Monday-Friday, exclusive of public holidays, summer months, PD days)

**RESOURCES:**

**9. Resources provided to TDSB will include:**

- A. In-kind:  Materials  Equipment  Volunteers  Food  Transportation  Space  
 Registration/Entrance Fees Waived  Other: \_\_\_\_\_

B. Funding: \$\_\_\_\_\_ for the purpose of \_\_\_\_\_

**10. Resources requested from TDSB will include:**

- A. In-kind:  Materials  Equipment  Space  Staff Support  Other: \_\_\_\_\_

B. Funding: \$\_\_\_\_\_ for the purpose of \_\_\_\_\_

**11. Will fees be requested from families?**  Yes /  No     **Amount \$** \_\_\_\_\_

**ORGANIZATION:**

12. **What is your organization's Statement of Purpose** or Mission Statement?

\_\_\_\_\_

13. **Year of Inception?** \_\_\_\_\_ **Annual Budget?** \$ \_\_\_\_\_

14. **Do you have annual audited financial statements?** Yes\_\_ No\_\_

15. **Number of Staff (Full-time equivalents):** \_\_\_\_\_ **Number of Volunteers:** \_\_\_\_\_

Background Certification/Training:

Staff/volunteers have relevant certification/training for the program being offered in the schools

Type of Certification/Training: \_\_\_\_\_

Background Police Reference Checks:

Staff/volunteers have Police Record Checks, full disclosure vulnerable sector screening reports

Staff/volunteers will need to get Police Reference Checks completed

Insurance Coverage:

Organization/individual has sufficient insurance to cover staff/volunteers while working in the schools

Organization/individual will secure sufficient coverage before program begins

16. **Legal/Charitable Status:**

TDSB Vendor of Record # \_\_\_\_\_

Incorporated Not-for-Profit Inc. # \_\_\_\_\_

Incorporated For-Profit Inc. # \_\_\_\_\_

Registered Charity Charitable Status # \_\_\_\_\_

Not incorporated

unincorporated business

community group

individual

17. **Are there any known associations between organization's staff/board members and TDSB staff/board members?**

No

Yes

Business interests

o Details: \_\_\_\_\_

TDSB Staff/Trustees work with organization as staff or volunteers

o Details: \_\_\_\_\_

TDSB Staff/Trustees serve on organization's Board of Directors

As TDSB representatives Detail: \_\_\_\_\_

As community volunteers Detail: \_\_\_\_\_

18. **Program Experience:**

Proposed initiative would be new for the organization

- Organization has previous experience with the type of initiative proposed
  - o Briefly detail: \_\_\_\_\_
- Organization is currently implementing initiative elsewhere
  - o Where? \_\_\_\_\_
- Organization has formal partnership with other schools/school boards
  - o If yes, please name: \_\_\_\_\_

**19. How will your organization evaluate the success of this program? (Check all that apply)**

- Our organization has surveys we distribute to participants
- We would like data from TDSB
- This proposal includes a research project and a researcher is involved

(online form auto-sent to [partners@tdsb.on.ca](mailto:partners@tdsb.on.ca))

***Thank you.***