



# Facility Services Request for a Viability Review Meeting School-funded/Tenant-funded/Partnership Projects

Version 4.2

**School Principals** or **Child Care Operators** interested in making improvements to school grounds should complete and submit this form **to request a Viability Review Meeting** at the very outset of a potential project. **School Principals** should also use this form to request changes to room use.

- All projects (small, medium, or large) that require design and construction
- Planting trees, shrubs, and gardens in raised beds
- Adding seating or other structures
- Large scale maintenance of an overgrown area
- Adding storage or play features
- Replacing play structures

For **school projects**, complete section A and submit to [Robin.McCrudden@tdsb.on.ca](mailto:Robin.McCrudden@tdsb.on.ca).

For **child care projects**, complete sections A and B and submit to [Robin.McCrudden@tdsb.on.ca](mailto:Robin.McCrudden@tdsb.on.ca).

If you don't know if you need a viability review meeting, please contact [Robin.McCrudden@tdsb.on.ca](mailto:Robin.McCrudden@tdsb.on.ca) and she will provide you with some feedback.

<b>Section A—For school and child care requests</b> complete this section.	
School Name:	Date:
School Address:	
Principal Name:	Principal Signature (inserting your name here authorizes this form):
Project Contact Person/Spokesperson:	
Contact E-mail Address:	Contact Phone Number:
Project Name:	
What are the project goals or statement of purpose? What you are hoping to accomplish?	

For more information on completing this form see, [GU.FAC.009 Requesting Work for School-Funded Projects](#), [GU.FAC.051 Requesting Work for Partnership Projects](#), or [GU.FAC.275 Requests for Changes to Outdoor Child Care Spaces](#).

**Section B— For child care requests** complete both Sections A and B and submit.

Child Care Name:

Phone Number:

Child Care Operator Name:

Email:

Child Care Operator Signature (inserting your name here authorizes this form):

**Section C - Partner Request:** This information is only required for requests connected with external partners.

Organization name:

Organization Address:

Contact Person:

Contact e-mail address:

Contact Phone Number:

Date:

Organization Signing Officer Name:

Organization Signing Officer Signature (inserting your name here authorizes this form):

**Section D: Applicable for School-funded/Tenant-funded/Partnership Projects**

**If the project involves an external partner:**

1. Has an interdepartmental review by the Board's Partnership Office been completed (proposal form available at <http://www.tdsb.on.ca/partnership>)?

YES  NO

If yes, please include a copy of any related documents in your submission.

[Click here to submit to Robin.McCruden@tdsb.on.ca](mailto:Robin.McCruden@tdsb.on.ca)