

#### 211 Bronson Avenue, Ottawa, ON K1R 6H5

Telephone: (613) 237-5550, ext. 227 Fax: (613) 237-4874 Email: bci-admin@bronsoncentre.ca Website: www.bronsoncentre.ca

# **Application Form - Permanent Space**

#### **General Information**

**Bronson Centre Inc.** is a 45,000 ft<sup>2</sup> complex and community hub situated on ¾ of a city block in downtown Ottawa. For not-for-profit organizations, community associations, and the general public seeking affordable space, we are the go-to resource for ethnic & cultural communities, arts organizations, Indigenous peoples, at-risk youth, women, seniors of various linguistic backgrounds, mental/physical health communities, and many more. We welcome and celebrate diversity.

#### The Mission of Bronson Centre:

To provide on a non-profit basis affordable accommodation *and services* through which charitable or non-profit organizations and associations, which meet the admission criteria of the Corporation, render services to the needy, the poor, *and arts and cultural communities* of the Regional Municipality of Ottawa-Carleton and the surrounding region.

Bronson Centre offers affordable long-term office space to **registered non-profit organizations** at not-for-profit rates.

Please inquire with the Executive Director regarding current lease costs and availability.

The Bronson Centre Admissions Committee reviews applications and final approval is the responsibility of the Bronson Centre Board of Directors.

Interested groups must be willing to be part of the hospitable and supportive environment that welcomes a variety of people to our community hub every day.

**For further information** please contact Mr. Corey Mayville, Executive Director at the above phone number or email address.



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### APPLICATION FOR PERMANENT SPACE

| 1.     | 1. Name of group:  |                         |
|--------|--|-------------------------|
| 2.     | 2. Name of contact person:                               |                         |
| 3.     | 3. Street Address:                                       |                         |
|        | City: Province:  | Postal Code:            |
|        | Telephone: E-mail addre                                  | ess:                    |
| 4.     | 4. What is the mission of your group?                    |                         |
|        |  |                         |
|        |  |                         |
|        |  |                         |
|        |  |                         |
| 5.     | 5. What year did your organization/program begin?        |                         |
| 6.     | 6. Is your group a service organization, or an advocacy/ | education organization? |
|        | 7. How do you provide your service?                      |                         |
| /.<br> | 7. How do you provide your service:                      |                         |
|        |  |                         |

| 8.        | If you are an advocacy or education group, what are your key issues?  |
|-----------|---|
|           |   |
| 9.<br>10. | How many people are served by your organization in a month?  Is your group an umbrella group or coalition with other related organizations who would wish to use space at the Bronson Centre?   YES   NO  If yes, please list the groups: |
|           | Tryes, please list the groups.  |
| 11.       | How is your group funded?   |
| 12.       | Why does Bronson Centre appeal to your organization?  |
| 13.       | What are your space needs? (Please include square footage if possible)  |
| 14.       | What are your rental costs and the size of the space at your current location?  |
| 15.       | How long have you been at your present location?  |

| 16. | Why are you planning on leaving your present location?                               |
|-----|--|
|     |  |
| 17. | What is your preferred move-in date? Is there flexibility with your move-in date?    |
| 18. | Do the recipients of your service come to your office to receive your service?       |
| 19. | What are your usual hours of operation? (Days and hours)                             |
| 20. | Insurance:   |
|     | Name of Insurance Company:   |
|     | Address:   |
|     | Telephone:   |
|     | Type of insurance and amount of coverage:  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     | Policy Number:   |
|     | (Dlease note: Drancan Controllease requirements include lightlift, and fire and that |

(Please note: Bronson Centre lease requirements include liability and fire and theft coverage. Also, Bronson Centre Inc. must be a "named insured" on the policy.)

| 21.  | Please enclose your most recent annual report and financial statement. |
|------|--|
| 22.  | What is your non-profit and/or charitable registration number?         |
|      |  |
| Dat  | e of Application (MM/DD/YYYY):   |
| Prin | ted name of person responsible for completing this application:        |
|      |  |
| Sigr | ature:   |
|      |  |