



Facility/Event Opportunity Information Sheet

Please complete the following work sheet with key information concerning the Facility/Event opportunity and the assumptions that will be used to frame the evaluation.

Contact Name: _____

Company Name: _____

Mailing Address: _____

Phone Number: _____ E-mail: _____

Facility Name: _____

Address: _____

Provide a description of the facility/event opportunity under evaluation, whether this is a new or existing facility/event opportunity, provide a **snapshot** of the assumptions you are using in the evaluation (example: what and why).

Is funding needed or already acquired? Please describe:

Population serviced (Neighbourhood Community
City-wide, Regional):

Number and types of spaces; size (sq. feet),
anticipated participants and / or attendees:

Date(s) anticipated for the facility/event (if applicable):

Description of current/future use and user groups (types of community groups, overall idea of usage including number of participants and attendees):

For City Use:

Assigned Division: _____ Contact: _____

Committee Follow-up by: _____