



**Interlake Tourism Association
2019 Tourism Development Fund -
Application**

PROJECT INFORMATION

Project Name	Amount Requested
<input type="text"/>	<input type="text"/>

Estimated Project Start Date (yy/mm/dd)	Estimated Project Completion Date (yy/mm/dd)
<input type="text"/>	<input type="text"/>

Projects must not start before funding approval and must be completed by December 2/2019. All project reports must be submitted by December 13/18.

ORGANIZATION INFORMATION

Organization Name	Organization Website
<input type="text"/>	<input type="text"/>

P.O. Box or Street Number	Town/City
<input type="text"/>	<input type="text"/>

Postal Code	Telephone
<input type="text"/>	<input type="text"/>

Fax	Email Address
<input type="text"/>	<input type="text"/>

CONTACT PERSON INFORMATION

Name	Position/Title
<input type="text"/>	<input type="text"/>

P.O. Box or Street Number	Town/City
<input type="text"/>	<input type="text"/>

Postal Code	Telephone
<input type="text"/>	<input type="text"/>

Fax	Email Address
<input type="text"/>	<input type="text"/>

Are you a current member, in good standing, of Interlake Tourism Association? Yes No

If no, please include a non-refundable application fee of \$200, payable to Interlake Tourism Association, along with your application. To learn more about becoming an ITA member, please visit: www.interlaketourism.com

Did you consult with a program administration partner as outlined in the Program Guidelines? Yes No

The personal information collected, by ITA or its administrative partners, using this form is required for program administration. The information will not be disclosed to any other third parties except as allowed by the Freedom of Information & Privacy Act.

PROJECT DESCRIPTION

The Tourism Development Fund is intended to support projects that contribute to the development of new tourism products or the enhancement of existing or emerging products. Please indicate the nature of the proposed project.

Develop a new tourism product, travel experience, or event that builds upon a unique tourism theme and local story (includes projects that complement or will be used in conjunction with a regional initiative)

Create a new event that is positioned to attract a high volume of new visitors to an area during the off-season or shoulder season

Materials and professional services that support the development of new travel experiences (immersive learning programs, testing).

Other, please indicate:

Please describe the primary visitor experience currently provided by your organization/attraction - what do visitors see, do and learn about?

Please describe the new/enhanced visitor experience that the proposed project will develop - what will visitors see, do and learn about? How will the experience be better than it is now?

Please provide a detailed breakdown of the proposed project - its location, objectives and areas of investment.

Please provide a detailed breakdown of the project implementation plan & timelines. *Note: The project must be completed by December 2/2019 to meet final reporting deadline of December 13/2019.*

Activity	Anticipated Completion Date

Please describe the tourism theme and story that the proposed project will develop or enhance.

Please describe the target markets that your proposed project will attract, how you intend to market and how these markets align with regional or provincial tourism marketing efforts.

Please outline the project partners and their role and contributions to the proposed project. Please include specific examples of activities and responsibilities.

Partner(s)	Role & Responsibilities

Please include a letter or motion of support from each partner, confirming their participation and contribution(s).

PROJECT IMPACT AND PERFORMANCE MEASURES

Please outline your organization’s experience managing projects of similar scope. Provide specific examples - indicate year of project and grant funding sources.

Please indicate specific project outcomes and your evaluation plan. Include how you propose to measure impact and/or performance of the project (e.g., gathering information in one or more of the following areas - improved visitor experience, increased tourism investment, increased visitation, and increased visitor spending).

FINANCIAL INFORMATION

Please provide a budget overview for the proposed project. Include the amount that you are seeking from the Tourism Development Fund and confirmed contributions from other funding sources and non-profit, private sector, public sector partners (cash and in-kind) and any other event revenues such as ticket sales. Partner contributions must be confirmed in writing by motion or letter accompanying the application. Also include your organization's own financial contribution. Where possible, quote(s) verifying project costs should be included with supporting documentation.

<i>Project Costs (materials, contracted labour, consultant fees, equipment rental)</i>	<i>Amount (\$)</i>	
Other (Specify)		
Total Costs A		
Project Funding/Revenue		
<i>Funding Source (List all partners)</i>	<i>Cash</i>	<i>In-Kind</i>
Applicant		
Total Funding Confirmed		
		B
Tourism Development Fund Request		
		C
Total (B + C Must = A)		D (B+C)

SUPPORTING DOCUMENT CHECK LIST (Please assure that all items are included with your completed application)

- ___ Letters/motions of support from all partners confirming contributions are in place
- ___ Copy of quote(s) for project costs
- ___ **\$200 non-refundable application fee for applicants that are NOT Interlake Tourism Association Members**
- ___ Letters of support from non-participating organizations in support of your project

**Please keep a copy of your application and supporting documents for your files*

DECLARATION

I/we agree that if Interlake Tourism Association provides support for this application, I/we will comply with the program guidelines and with the following requirements: Any funds awarded pursuant to this application are to be used solely for the purposes specified in this application unless written permission has been obtained from the program administration partners to vary these purposes, and any funds not so used will be returned to the Interlake Tourism Association within 30 days of the agreed upon completion of the project as a debt due and owing to the Interlake Tourism Association.

The Applicant understands that the program administration partners may request supplemental detail on project implementation, timelines, budget and evaluation subsequent to this application and that funding approvals will be subject to receipt of any and all supplemental detail.

Name - Authorizing Signing Authority	Position/Title

Email Address	Telephone

Fax	Other

Authorizing Signing Authority Signature	Date (yy/mm/dd)

APPLICATION SUBMISSION:

Forward complete application, including supporting documentation, to:

<p>Community Futures West Interlake OR</p> <p>admin@westinterlake.com</p> <p>Phone: 1-888-496-8932</p> <p>Fax: 204-768-3489</p> <p>Box 68</p> <p>Ashern, MB</p> <p>ROC 0E0</p>	<p>Community Futures East Interlake</p> <p>info@eastinterlake.com</p> <p>Phone: 1-800-378-5106</p> <p>Fax: 204-378-5192</p> <p>12 Main Street</p> <p>North Riverton, MB</p> <p>ROC 2R0</p>
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ALL APPLICATIONS MUST BE RECEIVED BY 4:00 PM, APRIL 12, 2019

FOR OFFICE USE ONLY:

Date Received:	
Received By:	
Application Fee Incl. (Non-Member)	
Supporting Documentation Provided	
Comments:	
Approved	Yes No
Date:	Amount \$