

# Regional District of Mount Waddington 2019 Tourism Grant



Electoral Areas A, B, C, D and Village of Port Alice

## APPLICATION FORM

Please refer to Program Guide for more information.

## APPLICANT INFORMATION

Name of Organization \_\_\_\_\_

Key Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

P.O. Box, Street, Village, Town etc.

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Incorporation, \_\_\_\_\_

Business/Society No. \_\_\_\_\_ Or other \_\_\_\_\_ Date of Incorp. \_\_\_\_\_

## PROGRAM (choose one)

### Trailhead Signs

Name of Trail \_\_\_\_\_

### Festival & Events

Name of Event \_\_\_\_\_

### Community Tourism

Name of Project \_\_\_\_\_

### Details

Location \_\_\_\_\_

Description \_\_\_\_\_

Timeline \_\_\_\_\_

**FUNDING AND BUDGET**

Sources of Funding	\$ Amount	Per Cent
Community/Local government (specify)		
Other funding (specify)		
In Kind Contributions		
Proposed Request from the Rural Tourism Action Grant (maximum \$2,500.)		
<b>Total Sources of Funding</b>		<b>100%</b>

Project Budget (define categories) Table can be expanded	\$ Amount
<b>Total Project Budget</b>	

**PROJECT BENEFITS**

Describe how the project will assist either local or regional tourism destination marketing in your community.

Please attach Community letters of support, permits, authorizations and evidence of legal status.

**Note that funding cannot be provided without satisfactory provision of this information.**

## AUTHORIZATION

I/we certify that the information provided in this Application Form is to the best of my/our knowledge, complete, true and accurate and the proposal does not contravene Regional District of Mount Waddington or Village of Port Alice policies or bylaws.

I/we agree that the information provided in this Application Form will be shared with the Regional District of Mount Waddington Rural Tourism Action Grant review panel and Board upon request.

I/we understand that there is no guarantee that this application will be funded.

I/we also understand that the Regional District of Mount Waddington will not be responsible for any costs incurred in the preparation of this application, or any subsequent application for funding from the Regional District, and this application is being prepared entirely at my/our own risk and cost.

Signature of Authorized Representative(s) \_\_\_\_\_

Printed Name or Names \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_