

Regional District of Mount Waddington



2023 Regional Tourism Action 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)

Trail Enhancement

Name of Trail _____

Description _____

Timeline _____

Festival and Events

Name of Event _____

Description _____

Timeline _____

Community Tourism

Name of Project _____

Location _____

Description _____

Timeline _____

FUNDING AND BUDGET

Sources of Funding	\$ Amount	Percent
Community/Local government (specify)		
Other funding (specify)		
In Kind Contributions		
Proposed Request from the Rural Tourism Action Grant		
Total Sources of Funding		100%

Project Budget (define categories) Table can be expanded	\$ Amount
Total Project Budget	

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 of Mount Waddington, 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 _____