

Submission Date:

MM	DD	YYYY

Allow sufficient time between the submission date and the project start date for your application to be reviewed

1. PROJECT NAME

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2. NAME OF ORGANIZATION APPLYING FOR FUNDING *(to receive payment from Brooks Region Tourism)*

Company/Organization:	
Address:	
City:	
Postal Code:	
Phone Number:	

CONTACT PERSON

Name:	
Phone Number:	
Email:	

3. HOW LONG HAVE YOU BEEN IN BUSINESS FOR?

Less than 1 year
 1-3 Years
 3-5 Years
 5+ Years

4. BRIEFLY DESCRIBE YOUR ORGANIZATION

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5. DATES OF PROPOSED EXPENSES:

Start Date:

MM	DD	YYYY

End Date:

MM	DD	YYYY

6. AMOUNT BEING REQUESTED FOR ASSISTANCE

\$

(NOTE: Brooks Region Tourism has a total of \$22,500 to grant to various organizations each year)

7. DESCRIPTION (please explain in detail **exactly** what the funds are to be used for):

8. OBJECTIVES (expected return on investment)

9. HAVE YOU PARTNERED OR RECEIVED HELP FROM ANY OTHER ORGANIZATIONS:

Yes No

If **YES**, please indicate details below

Partner Name	Partner Contributions	
	Cash (amount)	In-Kind (Provide details: ie. Accommodation, transport, free admission, etc.)

HOW WILL YOUR EXPERIENCE OR EVENT PROVIDE ECONOMIC BENEFIT TO THE BROOKS REGION?

HOW WILL YOUR EXPERIENCE OR EVENT CONTRIBUTE TO THE GOAL OF MAKING THE BROOKS REGION AN ATTRACTIVE TOURISM DESTINATION?

- New Experiences or Events – You must attach a proposed revenue and expense budget. Make sure to include all sources of funding such as government grants, donations (cash or in-kind), fundraising and volunteer time.
- Existing Events – You must attach the previous year’s complete financial statement as well as the proposed budget for the current year’s event. Make sure to include all sources of funding such as government grants, donations (cash or in-kind), fundraising and volunteer time.
- Not more than 45 days after the event all organizations receiving assistance from Brooks Region Tourism will be required to submit an evaluation form. Please submit this form along with your completed financials, including final revenues and expenses and copies of all relevant receipts, invoices and supporting documents

By submitting this application to Brooks Region Tourism we the undersigned,

- a. declare that we understand the eligibility criteria and program audit requirements.
- b. acknowledge that information from this application and information concerning the progress of approved projects may be shared, as required, with other tourism business units, Brooks Region Economic Development, Ministry of Tourism and Parks & Recreation for the purposes of determining program eligibility and evaluation or monitoring program outcomes and that a limited amount of information about approved projects may also be posted to the Brooks Region Tourism website(s);
- c. acknowledge that any approval of a Brooks Region Tourism investment into a tourism project is based upon our acceptance of the Experience Development Fund guidelines;
- d. agree to notify the Brooks Tourism Association in writing for further approval if there are changes to the program or if additional expenses are incurred that were not included in this application.

Project Manager: _____

Signature: _____

Please email completed forms to jmcintosh@brooks.ca. For more information call 403.794.2262.