



Funding Application

Contact Information

Name of Organization: _____

Name of Event: _____

Primary Contact: _____ E-Mail: _____

Office/Home Number: _____ Mobile Number: _____

Secondary Contact: _____ E-Mail: _____

Office/Home Number: _____ Mobile Number: _____

Social Media — Twitter: _____ Facebook: _____ Instagram: _____

Website: _____

Type of Event: New Event Existing Event

Date(s) of Event: _____

Hours of Event: _____

Location of Event: _____

Overview of Event (Please briefly explain below) Ticketed Event Non-Ticketed Event

Funding Request

\$ _____

Collaborative Partners Involved				
Organization	Description of Offer, Package, or Activity	Cash Value	In-Kind Value	Confirmed? (Y/N)

Metrics of Event	
Metric	Goal
Projected Ontario Tourists (Residents of Ontario who travel 40 kms or more to attend)	
Projected Out-of-Province Canadian Tourists	
Total Tourist Attendance	

Estimated Number of Hotel Stays in the Region

Staff & Volunteers: # of Rooms _____ # of Nights _____

Attendees: # of Rooms _____ # of Nights _____

Have you applied for funding from other sources for this event? Yes No

If yes, from what source(s) and in what amount?

Have you viewed the webinar reviewing requirements for this application? Yes No

Signature _____

Please ensure the following is included with the application:

- Event Budget (overall budget)
- Budget use for requested funding
- Event Marketing Plan
- Strategic Plan
- Governance model (include list of Board of Directors)
- Historical Summary (if applicable)
- Audited and signed financial statements
- WRTMC reserves the right to review additional materials in support of the request for funding

Incomplete applications will not be considered.