Township of Chapleau 20 Pine Street W. P.O. Box 129 Chapleau, ON POM 1K0

Tel. (705) 864-1330 Fax (705) 864-1824 www chapleau.ca



CHAPLEAU TOURISM DEVELOPMENT FUND APPLICATION

IN PARTNERSHIP WITH



Township of Chapleau 20 Pine Street W. P.O. Box 129 Chapleau, ON POM 1K0

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Chapleau Tourism Development Fund

WHAT IS THE CHAPLEAU TOURISM DEVELOPMENT FUND?

The Chapleau Tourism Development Fund was developed though the Municipal Accomodation Tax that is collected from local hotels in the Township of Chapleau. The Chapleau Tourism Development Fund is a non-repayable contribution which supports local economic development projects/initiatives which would increase tourism with the Township of Chapleau.

WHO IS ELIGIBLE TO APPLY?

First Nations, municipalities, economic development corporations or other non-profit community organizations operating within the Chapleau geographic area.

WHAT TYPES OF ACTIVITIES MAY BE CONSIDERED ELIGIBLE?

Eligible activities would focus on tourism growth and development within the Chapleau geographic are. They could include the following:

- Community tourism events
- Seminars/workshops
- Marketing and promotional activities
- Other community based economic development projects.

WHAT TYPES OF ACTIVITIES MAY BE CONSIDERED INELIGIBLE?

Ineligible projects may include the following:

- Ongoing operational activities
- Activities that lead to profit generation
- Activities that support social goals, including education and health care services and delivery
- Activities with no economic benefit
- Retroactive funding

PROJECT CRITERIA:

Projects should:

- Have a positive regional impact
- Have economic benefit
- Leverage funds
- Be innovative
- Be completed within one year
- Not be used for private sector operations
- Demonstrate a need for funds

PLEASE NOTE:

The applicant will allow Chapleau Tourism Development Fund Committee to acknowledge publicly that support was provided for the project.

WHAT IS OUR APPLICATION PROCESS?

Obtain a current guide and application form from the Township of Chapleau website. If you need assistance when filling out the form, please do not hesitate to contact the office and staff can assist with this. It is advisable for applicants to consult with staff during the application process.

Applicants can submit applications via email, mail or hand deliver to the following address:

Chapleau Tourism Development Fund Attention: Economic Development Officer 20 Pine Street West, Po Box 129 Chapleau, ON POM 1K0

Phone: (705) 864-1330 Fax: (705) 864-1824 Email: cao@chapleau.ca

The full committee of the Chapleau Tourism Development Fund will review the applications and make the final determination of approval. The Committee will use the criteria listed under the guidelines to make the decision. The application should be submitted at least two weeks prior to the scheduled committee meeting. Committee meetings are normally held on the first Wednesday of each month, subject to change. If the application is approved, the funds will be issued against invoices for the project. The decision of the Committee is final and may contain conditions about how the funding will be handled.

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Chapleau Tourism Development Fund Application

Before completing the application, please refer to the Application Guide. If you have any questions, please call Heidi Trudeau at (705) 856-1105 or toll free at 1-800-387-5776 or email: trudeau@superioreastcfdc.ca.

| INFORMATION ON YOUR CHAPLEAU TOURISM DEVELOPMENT | | | | | | | | | |
|--|---------------------------|------------------|--|--|--|--|--|--|--|
| Project Title/N | lame | | | | | | | | |
| Start Date | | | | | | | | | |
| Completion Date | | | | | | | | | |
| Project Location | on | | | | | | | | |
| 1. COMMUNITY GROUP OR ORGANIZATION REQUESTING FUNDING | | | | | | | | | |
| Group Name | | | | | | | | | |
| Contact Perso | n | | | | | | | | |
| Title/Position | | | | | | | | | |
| Address | | | | | | | | | |
| Town | | Postal Code | | | | | | | |
| Phone | | Fax | | | | | | | |
| Email | | Website | | | | | | | |
| 2. PLEASE INDICATE WHAT TYPE OF ORGANIZATION IS APPLYING | | | | | | | | | |
| ☐ First Nation☐ A Municipa | lity/Township | | | | | | | | |
| | ic Development Agency | | | | | | | | |
| | it Community Organization | | | | | | | | |
| Other - Please explain | | | | | | | | | |
| 3. BACKG | ROUND OF ORGANIZATION - | MISSION, MANDATE | | | | | | | |
| | | | | | | | | | |
| 4. PROVIDE DETAILS OF THE PROPOSED PROJECT | | | | | | | | | |
| | | | | | | | | | |
| 5. USE OI | FUNDING | | | | | | | | |
| ☐ Seminars/workshops ☐ Oth | | | Marketing and promotional activities Other community based economic development ojects | | | | | | |
| | | | | | | | | | |

| 6. WHAT ECONOMIC IMPACT WILL YOUR PROJECT HAVE ON THE COMMUNITY AND/OR REGION? (I.E. REVENUE GENERATED, LEVERAGED FUNDS, CAPITAL ASSETS, ETC.) |
|--|
| |
| |
| TO MAILL THIS DROUGH OR ATE OR MAINTAIN FAARLOVAAFNIT? (IF SO INDICATE THE NUMBER OF LODS |
| WILL THIS PROJECT CREATE OR MAINTAIN EMPLOYMENT? (IF SO, INDICATE THE NUMBER OF JOBS AND WHETHER THEY ARE FULL-TIME, PART-TIME, OR SEASONAL) |
| |
| |
| A MANUAL DESCRIPCIO ADE DEINO COMMITTED TO THIS DEGLECT BY YOUR COOLIN (DECANIZATION)? (I.E. |
| 8. WHAT RESOURCES ARE BEING COMMITTED TO THIS PROJECT BY YOUR GROUP/ORGANIZATION? (I.E.: TIME, SKILLS, "IN-KIND" CONTRIBUTIONS, FINANCIAL, ETC.) |
| |
| |
| |
| 9. ARE THERE ANY PARTNERS INVOLVED WITH THIS PROJECT? IF SO, PLEASE INDICATE BELOW. |
| |
| |
| 10. WHAT CONTRIBUTIONS ARE PARTNERS MAKING TO THIS PROJECT? (I.E.: TIME, SKILLS, "IN-KIND" |
| CONTRIBUTIONS, FINANCIAL, ETC.) |
| |
| |
| 11. HOW WILL THE SUCCESS OF THIS PROJECT BY MEASURED? |
| |
| |
| |
| 12. PLEASE INDICATE ANY OTHER INFORMATION THAT YOU MAY WANT TO PROVIDE REGARDING THIS PROJECT. |
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| |

13. DETAILED PROJECT BUDGET Complete the chart below and/or attach any information/quotes that support the costs of the project. Please indicate if the sources of project income are confirmed or anticipated. **Details of Project Costs** Amount **Sources of Project Income** Amount Confirmed **Anticipated Government Funding:** Federal Provincial Municipal **Other Sources:** Organizational Funds **Fundraising** Debentures, Loans Other Funds **In-Kind Contributions:** Donated Labour/Equipment **Donated Material** (Details: **Chapleau Tourism Development Fund** *Total Financial Sources *Total Project Costs *Please note that these totals should equal.

Total amount requested from Chapleau Tourism Development Fund

\$

14. STATEMENT BY APPLICANT

On behalf of and with the authority of the organization, I verify that the information provided in this application to the Chapleau Tourism Development Fund (CTDF) is true and correct to the best of my knowledge. It is understood that if the funding is approved, a funding agreement will be prepared by the CTDF and the organization will need to agree and abide by the terms and conditions set out in the agreement. I am aware that the information that I have provided will be reviewed by the Chapleau Tourism Development Fund Committee to determine if the application is approved. I confirm on behalf of, and with the authority of, the organization that the organization confirms that it is solely responsible for all costs incurred with this project. I verify that I have read and understand the information contained in the Chapleau Tourism Development Fund Guide.

| Name of Authorized Person (Please Print) | Position/Title | Signature | Date |
|---|----------------|-----------|------|
| | | | |
| | | | |
| Organization President/Chair (Please Print) | | Signature | Date |
| | | | |
| | | | |