

**Tourism Partnership of Niagara
THE NIAGARA RELIEF FUND
-Application for Funding-**

Please read before completing your Application for Funding:

- Please visit [Niagara Relief Fund](#) for information about funding requirements, applicant requirements and project parameters, as well as guidance for completing and submitting your application.
- It is strongly recommended that you carefully review the application and the required supporting documents before submitting your application.
- Incomplete applications will NOT be considered.
- Applications must be submitted by 11:59 p.m. EST on May, 15th, 2022
- Applications are ONLY to be submitted to: Info@NiagaraRelief.com

NIAGARA APPLICANT INFORMATION			
1. Legal name of Applicant Organization (as it appears in your incorporation documents, Letters Patent or other relevant documentation):			
Is operating name same as legal name? <input type="radio"/> Yes <input type="radio"/> No			
Operating name (if different from legal name):			
2. Type of Organization:			
3. Business Number (Provided by the Canada Revenue Agency):			
a) If you are an Indigenous organization, please provide your Band Number (if applicable)			
4. Business Mailing Address: Street, Unit Number, etc.			
City	Province Ontario	Country Canada	Postal Code
5. Provide the physical address where the largest portion of the funding will be allocated: Street, Unit Number, etc.			
City	Province Ontario	Country Canada	Postal Code
6. Website(s):			
7. Official Language Preferred for Correspondence <input type="radio"/> English <input type="radio"/> French			

17. How are you measuring success?

18. What does success look like?

19. How does/will this project have a positive economic impact on Niagara?

20. How does/will this project maintain a positive impact on visitors Niagara Experience?

21. How does/will this project improve the Niagara tourism capacity, readiness?

22. Explain how the project will assist the Niagara community/region position itself to grow its visitor economy?

23. Identify and describe how your organization meets at least one of the following:

- My organization is a key supplier/operator in the Niagara visitor experience
- My organization is part of the Niagara tourism cluster or Niagara tourism dependent community
- My organization provides an anchor product or service in the Niagara Region

Please explain your selection(s) from above:

24. Provide a project description that includes objectives, expected results and main activities to be undertaken to complete the project.

List the projects keys timelines:	Date:

25. Is your organization proposing to deliver a third party delivery project? Yes No

If yes, please identify any key project partners as applicable.

- Attach a project plan outlining project details
- Describe how this project does not duplicate other existing measures or initiatives (government or otherwise)
- Explain why funding is required to complete this project

26. Estimate the total value of your organization's annual revenue from domestic tourists:

Estimate the total value of your organization's annual revenue from international tourists:

Estimate the annual number of visits to your organization from domestic tourists:

Estimate the annual number of visits to your organization from international tourists:

27. Will support from this fund help your organization adapt or create tourism products within Niagara?

Yes No

If yes, please explain:

28. Describe the project's key risks and mitigation strategies (e.g., financial, competitive, technical, regulatory, supply chain).

29. Are any of the activities of the proposed project expected to occur on federal lands?

Yes No

If yes, where?

COVID-19

30. Have you or will you have to adapt operations to meet COVID-19 health and safety regulations?

Yes

No

If yes, please explain:

31. Please describe any hardships your organization has experienced due to the impacts of the COVID-19 pandemic. Explain how this funding is needed to help position your organization for recovery.

PROJECT BUDGET

32. A. Total Project Costs by Fiscal Year (fiscal year is defined as April 1 – March 31)	
2022-2023	Total: \$

B. Funding Sources		
Funding Source	Amount of Funding	Status of Confirmation
TOTAL AMOUNT OF FUNDING	\$	

C. Total Project Costs by Cost Category	
Expenses - Cost Categories	Amount
Capital	
Non-capital	
Labour	
Expertise	
Materials	
Other	
Other	
Other	
Other	
Other	
Other	
	Total Project Costs \$

Please note that Total Project Costs must be equal in the three tables (A. Total Project Costs by Fiscal Year, B. Funding Sources and C. Total Project Costs by Cost Category)

Requested Tourism Partnership of Niagara Tourism Relief Fund Contribution	\$
<p><i>Note: Complete Applications for funding will undergo a due diligence review. Funding decisions will take into account the minimum amount required to carry out the project.</i></p>	

RESULTS

33. Economic Benefits

Total number of full-time jobs at the Beginning Date of Project:
Total number of part-time jobs to be maintained at End Date of Project:
Total number of full-time jobs to be created at Beginning Date of Project:
Total number of part-time jobs to be created at the Beginning Date of Project:
Total number of clients served (includes self-employment assistance, advisory services, business information services):
Total number of part-time jobs to be maintained after the Project:
Total number of full-time jobs to be maintained after the Project:
How will this Project increase visitation to Niagara?
How will this Project increase revenue in Niagara?
How will results be submitted to The Tourism Partnership of Niagara?

DIVERSITY AND INCLUSION

34. The Tourism Partnership of Niagara recognizes that many under-represented groups face unique economic challenges and may be disproportionately affected by the COVID-19 crisis. Filling in the following sections may have a bearing on how The Tourism Partnership of Niagara makes a determination on funding decisions. If your organization does not meet the definitions provided or you do not wish to declare your status, leave the fields blank.

	If applicable, please indicate if your organization is led or majority led by one or more of the following underrepresented groups:	If applicable, please indicate if your project will influence any of the following federal inclusive growth priorities:
Women	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous Peoples	<input type="checkbox"/>	<input type="checkbox"/>
Members of Official Language Minority Communities	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>
Persons with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Newcomers to Canada	<input type="checkbox"/>	<input type="checkbox"/>
Black Communities	<input type="checkbox"/>	<input type="checkbox"/>
Racialized Communities	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ2	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Please explain how your organization will influence the federal inclusive growth priorities identified above.

SUPPORTING DOCUMENTATION

35. Applicant must provide the following documentation to accompany this application:

- Historical financial statements for the last two (2) fiscal years
- Incorporation documents and/or Partnership Agreement, Letters Patent or other relevant documentation

Other attachments are permitted as supporting information, but not as replacements for responses to the questions on the application form. Add all attachments to the same email when submitting the application.

Note: The Tourism Partnership of Niagara may require additional information or documentation for which you were approved or declined. Any relevant records may be attached to your application as supporting documentation to help process your request.

Please confirm that documentation, as described above, is attached to this application. Yes No

CERTIFICATION

On behalf of the Applicant, I hereby acknowledge and certify that:

- (a) I have read and understand this request for support and will submit all the required information with this proposal. I understand incomplete applications cannot be assessed easily and may be deemed ineligible.
- (b) I have authority to submit this request for support on behalf of the Applicant.
- (c) The Applicant is not engaged in any illegal or criminal activity, and does not promote violence, incite hatred or discriminate on the basis of sex, gender identity or expression, sexual orientation, colour, race, ethnic or national origin, religion, age, or mental or physical disability, contrary to applicable laws.
- (d) The Applicant is under no obligation or prohibition, nor is it subject to, or threatened by any actions, suits or proceedings, which could or would affect its ability to continue its operations.
- (e) The information provided herein is complete, true and accurate, including all financial information provided. Any other information given in the future in connection with the carrying out of the activities will also be complete, true and accurate.
- (f) Financial assistance from The Tourism Partnership of Niagara is a significant factor in the decision to proceed, and I authorize The Tourism Partnership of Niagara to make credit checks or other inquiries it deems necessary to evaluate this request. I agree to provide any further information that may be required for The Tourism Partnership of Niagara to make a decision.
- (g) Costs incurred by the Applicant in the absence of a signed agreement with The Tourism Partnership of Niagara are incurred at the sole risk of the Applicant and any such costs may not be considered eligible for The Tourism Partnership of Niagara assistance.
- (h) The Tourism Partnership of Niagara, its officials, employees, agents and contractors may share this request for support and/or make inquiries of such persons, firms, corporations, federal, provincial and municipal government departments/agencies, and not-for-profit, economic development or other organizations as may be appropriate, and to share information with them, as The Tourism Partnership of Niagara deems necessary in order to assess this request for support or to refer the application.
- (i) Information provided to The Tourism Partnership of Niagara will be treated in accordance with the *Access to Information Act* and the *Privacy Act*. These laws govern the use, protection and disclosure of personal, financial and technical information by federal government departments and agencies. Information provided to The Tourism Partnership of Niagara is secured from unauthorized access.
- (j) The Applicant has not engaged any person to solicit financial assistance for a commission, contingency fee or other form of consideration dependent upon the approval of this application for financial assistance.
- (k) Any person who has been lobbying on behalf of the Applicant to obtain financial support as a result of this request is registered pursuant to the *Lobbying Act* and was registered pursuant to that Act at the time the lobbying occurred. Where the lobbying duties of the employees of the Applicant constitute a significant part of the employee's duties, the Applicant is in compliance with the *Lobbying Act*.
- (l) Any former public office holder or public servant employed by the Applicant is in compliance with the provisions of the *Values and Ethics Code for the Public Sector*, the *Policy on Conflict of Interest and Post-Employment* and the *Conflict of Interest Act*.
- (m) The Applicant agrees to comply with the *Official Languages Act* as may be required, specifically where activities involve services to or activities with the public.
- (n) As part of its assessment process, The Tourism Partnership of Niagara requires that all applicants conform with the *Impact Assessment Act* (2019).
- (o) The Applicant is not in default under any funding agreement with the federal government.

Agree

Name of Officer with Signing Authority for the Organization:	Title:
Date (YYYY-MM-DD):	Signature (typed)

CHECKLIST
Before Application Submission, Please Review:

Completed Application	
Historical financial statements for the last two (2) fiscal years	
Incorporation documents and/or Partnership Agreement, Letters Patent or other relevant documentation	
Project Plan Outlining Project Details	
Other Supporting Documentation	