The data submitted on this form is used by ATR and Ministère du Tourisme staff and is stored in the databases of the Ministère for statistical, evaluation and future reference purposes. Please inform us of any changes to the information you have already sent us so that we can update this data.

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| **SECTION 1 - APPLICANT IDENTIFICATION** |
| **Company or organization** | 0 |
| **Address** |       |
| Municipality |       | **Postal Code** |       |
| **Telephone** |       | **Fax** |       | **Website** |       |
| **Email** |       |
| **Website** |       |
| **Mailing address, if different** |       |
| Municipality |       | **Postal Code** |       |
| NEQ or Outfitter No. |       | GST No. |       | QST No. |       |
| **OFFICIAL REPRESENTATIVE AND PROJECT MANAGER** |
| This information is required to process your application. |
| **Official Representative** |       |  | **Title** |       |
| **Telephone** |       | **Extension** |       | **Fax** |       | Email |       |
| OVERVIEW OF THE COMPANY OF ORGANIZATION |
| **Legal Status** | [ ]  | **FPO** | [ ]  **NPO** |  | [ ]  | **Cooperative** | [ ]  **Indigenous Community or Nation** |
| **Main Activity** | Select an item. | **Secondary Activities**  | Select an item. |
| **Adventure tourism company?**  | ☐ yes ☐ No | **If yes, the company holds AEQ Quality-Safety certification:**  | ☐ Yes ☐ No ☐ Pending approval |
| **Start Date (Day-Month-Year)** |      -     -      |
| **Opening Period** | [ ]  | Year round | [ ]  | Seasonal | Specify the number of months of operation per year |       |
| **For the last two complete years of operation, indicate the number of people who were employed by you:** |
| Reference Year(Day-Month-Year) | Annual | Seasonal | Total |
| Number of full-time employees (30 hours and more/week) | Number of part-time employees (less than 30 hours/week) | Number of full-time employees (30 hours and more/week) | Number of part-time employees (less than 30 hours/week) |  |
|      -     -20      to           - -20      |       |       |       |       |       |
|      -     -20      to           - -20      |       |       |       |       |       |
| **For the last two complete years of operation, indicate the number of visitors according to their origin:** |
| Reference Year(Day-Month-Year) | Local (RCM) | Tourist Region | Québecois | Canadian | United States | Other International Markets | Total |
|      -     -20      to           - -20      |       |       |       |       |       |       |       |
|      -     -20      to           - -20      |       |       |       |       |       |       |       |
| **Data on the origin of visitors was collected from:** |
| [ ]  | Ticketing | [ ]  | Sampling | [ ]  | Polling | [ ]  | Other (specify):       |
| **This data on the origin of visitors is collected in the following manner:** |
| [ ]  | Randomly | [ ]  | Estimates | [ ]  | Other (specify):       |
| **SECTION 2 - PROJECT OBJECTIVE** |
| **Project Title:** |       |
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| ☐ Allow my business to operate during the 2020-2021 tourist season.☐ Allow my company to welcome tourists while respecting the new sanitation rules. |

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| **Section 3 - Connection to the current pandemic** |
| Is your project related to the current pandemic? Please specify. |
|       |
| Is your project intended to make you compliant with a sanitation plan produced by the Government of Québec or one of its partners? Which one or ones?  |
|       |
| Describe the actions that you wish to take and that require the financial assistance requested.  |
|       |
| **Section 4 - Project costs and financing** |
|  |
| Total project cost as per detailed breakdown (Excel Document Project Costing - Mandatory) |       |
| Amount of financial assistance requested from the 2020-2022 RTPA - Component 1 |       |
| \*Please note that expenses are considered eligible as of April 1, 2020 \* Max. 100% of eligible costs or $10,000 |
| **Section 5 - Declaration and signature** |
|  |
| **☐** I declare that the information provided in this application is true. I agree to provide all the information necessary for analysis of the project. I confirm that no expenditures were made before April 1, 2020, and I received no other government funding. I authorize the ATR to verify this information with the departments and agencies that may be concerned. |
| **☐** I have read the document summarizing the proponents’ obligations and I agree to respect them. If my application for financial assistance is accepted, I agree to complete the results sheets required to analyze the program’s impact and all documents required to evaluate the program. |
| **☐** I understand that this application for assistance does not necessarily result in its acceptance.             FunctionName of authorized person            Date (YYYY-MM-DD)Signature |

**Please note that you must send this application (including attachments) in electronic format to the following address** jsimard@creetourism.ca