The data submitted on this form is used by EIT 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** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Municipality | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postal code** | | | | | | | | | |  | | | | | |
| **Telephone** | | | | | | | | | |  | | | | | | | | | | **Fax** | | | | | | |  | | | | | | | | | | | | **Website** | | | | | | | | | |  | | | | | |
| **Company or organization email** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company or organization website** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Correspondence address, if different from above** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** | |  | | | | | | | | | | **Ext.** | | | | |  | | | | **Fax** | | | | | | | |  | | | | | | | | | Email | | | | | |  | | | | | | | | | | |
| **Project manager** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | **Title** | | | | |  | | | | | |
| **Telephone** | |  | | | | | | | | | | **Ext.** | | | | |  | | | | **Fax** | | | | | | | |  | | | | | | | | | Email | | | | | |  | | | | | | | | | | |
| Overview of the company or organization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Legal status** | | | |  | | | **FPO** | | | | | | | | | | | | |  | | **NPO** | | | | | | | | | | | |  | **Cooperative** | | | | | | | | | | | | | | | | | | | |
|  | | | **Municipality** | | | | | | | | | | | | |  | | **Indigenous community, organization or nation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main activity** | | | |  | | | | | | | | | | | | | | | | | | | | | **Secondary activities** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Adventure tourism company?** | | | | Yes  No | | | | | | | | | | | | | | | | | | | | | **If yes, the company holds AEQ Quality Safety certification:** | | | | | | | | | | | Yes  No  Pending approval | | | | | | | | | | | | | | | | | | |
| **Start date of operations (Year-Month-Day)** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Opening period** | | | | |  | | | | Year-round | | | | | | |  | | Seasonal | | | | | | | Specify the number of months of operation | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **For the last two complete years of operation, indicate the number of people who were employed by you:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference year | | | Year-round | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 hrs/week) | | | | | | |
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| (If you are a start-up company, enter "N/A") | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate the number of persons who will work for you during the two years following the end of the project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference year | | | Year-round | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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 hrs/week) | | | | | | |
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| **Please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For the last two complete years of operation, indicate the number of visitors according to their origin:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference year | | | Local (RCM) | | | | | | | | | | | Tourist region | | | | | | | | | | Québec | | | | | | | | | Canada | | | | | | | | | United States | | | | | | | | | | Other international markets | | Total |
|  | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | |  |
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| (If you are a start-up company, enter "N/A") | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The data on the origin of visitors was collected through:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Ticketing | | | | | | | | | |  | | | | Sampling | | | | | | | | | | | | |  | | Polling | | | | | | | | | | | | |  | | | | | Other (specify): | | | | | | |
| **This data on the origin of visitors are collected in the following manner:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Randomly | | | | | | | | | |  | | | | Estimates | | | | | | | | | | | | |  | | Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate anticipated visitor traffic for the two years following the end of the project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reference year | | | Local (RCM) | | | | | | | | | | Tourist region | | | | | | | | | | Québec | | | | | | | | | Canada | | | | | | | | | United States | | | | | | | | | | Other international markets | | Total | |
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| **Please explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **section 2 - SUMMARY description of the project** | | | |
| **Project title:** |  | | |
| |  | | --- | | **Project category** | | **Attractions, activities, equipment**   **Festivals and events**  **Accommodations** | | **Structuring of the offer**   **Studies & Consulting services**  **Digital development** | | | | |
| **Brief description of the project:** |  | | |
| **Project location:** |  | | |
| **Main Tourism product or service targeted** |  | | |
| **Certifiation from Aventure Ecotourisme Québec (AEQ)** | In process Certified No, why; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Access for people with restricted physical ability** | | | |
| Is your facility accessible to people with restricted physical ability?  Facility accessible  Facility partially accessible  Facility not accessible | | | |
| Will your project be accessible to people with restricted physical ability?  Project accessible  Project partially accessible  Project not accessible | | | |
| **Please specify:** | | | |
| **Project phases and schedule** | | Start date  (YY - MM - DD) | End date  (YY - MM - DD) |
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| **Section 3 - Structuring, RENEWAL AND IMPROVEMENT of the offer** |
| Will your project help stimulate the region’s economy by maintaining a quality tourism supply, promoting an innovative tourism supply and developing new niches? Will your project promote the development of an original and complementary tourism supply? |
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| **Section 4 - NEW TOURIST TRENDS** |
| is the project part of a new tourist trend? If yes, indicate the main trend in which the project falls and, if applicable, the secondary trend. |
| **Main Trend:**  **Please specify how the project fits into this new trend:** |
| **Second trend:**  **Please specify how the project fits into this new trend:** |

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| **section 5 - sustainable development** |
| What are the distinctive actions of your project in sustainable development (balance between economic, social and environmental aspects)? Will the project promote the development of a respectful sustainable development offer? |
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| **section 6 - Synthesis of the key elements of the project** |
| Are there any key elements that you wish to bring to our attention? Why should we grant financial support for your project? What are the anticipated impacts? For example, indicate the number of consolidated jobs, the number of created jobs, the impact on the tourism benefits such as overnight stays, the number of partners, the anticipated increase in the number of visitors, the impact on tourism revenue, etc. |
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| **section 7 - project costs and FUNDING** | | | |
| Detailed breakdown of the works and costs | | **Amount ($)** | |
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| *Only eligible expenses will be counted to establish the amount of financial support.* | Total |  | |
| Financial plan (identify by name government departments, agencies or other financial partners; also indicate if the financial support is confirmed (C) or if you are awaiting an answer (A)) | **Type of funding** | **C or A** | **Amount ($)** |
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| RTPA | Grant |  |  |
| *Include all the private and public sources of funding sought and confirmed for this project. Please note that a minimum capital outlay from the proponent of 10% is required (5% in the case of Indigenous communities, organizations and nations, and the Îles-de-la-Madeleine).* |  |  | |

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| **section 8 - MANDATORY DOCUMENTS FOR ANY APPLICATION FOR FUNDING** |
| Your application for funding must include the following information, which is to be appended to the application form (in electronic form). Check the boxes to confirm the documents appended to the application form. Refer to the Recto-Verso for details on required documents for each category. |
| **Business plan** |
| The business plan must, at the very least, present these aspects:   * detailed description of the project, including the innovative aspect; * detailed description of the targeted clientele and the means used to reach your objectives;   (analysis and market perspective, marketing plan, delegated budget);   * competition analysis; * tourism impact and benefits of the project; * information about the proponent and their team; * financial plan. |
| **Financial statements for the last two fiscal years** |
| The income statement and balance sheet are required. Audit level required (review engagement). |
| **Detailed projected financial statements for the first three years of operation,** if applicable |
| The projected balance sheet and projected income statements are required, accompanied by the hypothesis used in their preparation.  Projected financial statements will need to identify project data separately. |
| **Letters patent or charter of incorporation** |
| **Confirmation of the Ministère de la Culture et des Communications in relation to the application or not of the project to the** [**Politique d’intégration des arts à l’architecture**](http://www.tourisme.gouv.qc.ca/publications/media/document/aidefinanciere/PASC/MCC-int-arts.pdf) |
| **List of authorizations, attestations, certificates or permits required by law, regulation or other** |
| For example, Canadian Environmental Protection Act, Québec Environment Quality Act, Act respecting land use planning and development, Act respecting tourist accommodation establishments, etc.  Specify the status, if on process (applications submitted, files under evaluation and authorizations obtained).  Copies of confirmations from financial partners, if available;  Resolution from the organization or business authorizing the signatory of the application for funding under the program and any other document relevant to the application;  **Festival & Events**, must include the following;  The event’s programming or a draft of the programming  A summary of the most recent event, if available  The organization’s most recent financial statements, including the event’s income and expenses (for municipal entities and Indigenous communities, this will be a document detailing the event’s income and expenses exclusively)  Projected income and expenses for the event  **Study & consulting services**, must include the following;  Copy of the call for tenders, with the specifications, objectives, listing of issues, methodology, deadline and deliverables  2 Professional service proposals |
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| **section 9 - DECLARATION AND SIGNATURE** | | | | | | | | | |
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| I, the undersigned, | |  | | | , declare that the information provided | | | | |
|  | | **Full name (please print)** | | |  | | | | |
| in this application and in the attached documents is true and complete. I agree to provide the representatives of the ATR with all the information required to evaluate the project. Furthermore, I agree to comply with all applicable regulations governing the award of contracts. I understand that this application for funding does not automatically constitute acceptance thereof. Should my application for funding be accepted, I agree to fill out the results sheets required for the impact analysis of the program as well as all documents to evaluate the program. | | | | | | | | | |
|  | | |  |  | |  |  | | |
|  | **Signature of authorized person** | | **Title** | | | | | **Date and Place** |  |

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

**You may also attach to your application copies of any available market studies, customer or visitor satisfaction surveys and any available economic spinoff evaluation results.**