Applications accepted June 1 – 30, 2024

1. Lead Contact Information

	Contact Name:	Title:	
	Organization/Company:		
	Address:		
	Mailing address (if different):		
	Email address:	Phone:	
	Website:		
2. Alternate Contact Information			
	Contact Name:	Title:	
Organization/Company:			
Address:			
	Mailing address (if different):		
	Email address:	Phone:	
	Website:		
3.	Business or Operating Name:		
4	. Legal Name of Applicant (if different than business or operating name):		
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_	Towns of Land Cutter of April 2 and (see the modern and see		
5.	Type of Legal Entity of Applicant (use drop down menu)		
	Legal Entity		
	If other, please describe:		

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6.	Briefly describe the nature of your organization/business
7.	Business Registration Number
8.	Business Name or Operating Name (if different from legal name)
Pro	eject Details
9.	Name of Project and Organizer
10.	Proposed start and completion dates (indicate the proposed project start/completion dates based on the project implementation schedule) Start Date Completion Date
11.	Select the project type that best suits your request (click on 'Choose an item' & use drop down menu) Choose an item.
12.	Describe the project that you are applying for. This project should be a separate and unique initiative from your regular business operations. (Attach separate document if required.)

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13. Please describe the impacts of this project on the community. Does it create programming opportunities, strengthen partnerships, create an atmosphere of collaboration, etc.? (Attach separate document if required
14. Specify how the project does and/or will contribute to tourism development in Gravenhurst. (Attach separat document if required.)
15. Describe how the project promotes economic growth, innovation, and/or job creation for Gravenhurst. (Attach separate document if required.)
16. Complete all that apply:
Estimated number of out-of-town (40 kms +) event attendees
Estimated number of local event attendees
Estimated total number of overnight event attendees
17. What methods will you use to track the number of attendees to your event?

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18. What permits and/or approvals are necessary to develop the project? Please indicate the status of each.

Proi	iect	Fun	ding
,			•

Project Funding
19. Has your entity ever been funded by the Town of Gravenhurst, Province of Ontario or Federal Government?
a. If yes, what did your entity receive funding for?
20. How much funding are you applying for?
21. What expenses will the grant funding be used for?
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22. Please provide your project budget below. Attach additional documentation, if needed.

Income Description	Amount
Total Project Income	
Expense Description	Amount
Total Project Expenses	

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23. Does the applicant have copies of estimates and quotes for project expenses?	
(Yes (□)) (No (□)) If yes, please submit.	
24. Does the applicant have documentation confirming partner funding commitments or confirmation of acceptance of application to other funding sources (i.e Town of Gravenhurst, Provincial, Federal)?	
Yes D No D If yes, please submit copies. If yes, please submit copies.	
25. Do you require an advance on your grant funds prior to the event? If yes, please provide a detailed list including costs, of what you will be using the advance for.	
26. If you were not successful in obtaining a grant, would your project be able to take place?	
Documentation Requirements	
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30. Is your organization a corporation? Yes □ No □

a. articles of incorporation, amendment, and/or amalgamation b. shareholder register c. director and officer register
31. Does your organization have a copy of its most current financial statements (1-3 years) that have been prepared by a public accountant? Yes D No D If yes, please submit.
32. Does your organization have proof of appropriate insurance, including \$5 million in liability? Yes \(\text{Yes} \(\text{No} \(\text{D} \) If yes, please submit.
33. Is your organization governed by a Board of Directors? Yes □ No □ If yes, please submit a list of all the board members.

Certification

As the Applicant or an authorized signing officer of the Applicant, I certify that the information contained in the Application Form, which includes supporting documentation submitted herewith, is true and complete in all respects. If the Tourism Gravenhurst discovers that the Application Form contains any material misrepresentation, this Application Form shall be deemed to be withdrawn immediately by the Applicant. I agree to provide any additional information that may be reasonably required for the purposes of assessing this Application Form and administering its Municipal Accommodations Tax (MAT) Fund. I also certify that upon completion of the project described in this Application Form.

Applicant/Authorized Signing Authority	Date