

Business Name		Contact Name	
Address		Contact Phone	
City		Contact Email	
Postal Code		Company Website	
Type of Partnership (Choose ONE only) <input type="checkbox"/> Business Support <input type="checkbox"/> Product & Experience Development <input type="checkbox"/> Marketing Support		Project Name:	
		Amount Requested from DMC:	
Project Start Date:		Total Project Budget:	
Project End Date:		Will your project proceed without DMC support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A. Please describe your organization, including mandate, brief history, leadership and organizational structure (200 words max)			

B. Please provide a brief project description (500 words max) including:

1. Goal(s),
2. Objectives (S.M.A.R.T.)
3. Strategy
4. Work plan (see Appendix III for template)

C. How are you measuring success? What does success look like? What are your Key Performance Indicators (KPI)? (100 words max).

D. Briefly describe how DMC partnership investment improves the project and its outcome. (200 words max)

E. How does/will this project have a positive impact on the visitor economy and Markham's tourism & hospitality sector/businesses? (300 words max)

F. Please provide a brief description of your project marketing (500 words max) including:
1. Goal(s), 2. Objectives (S.M.A.R.T.), 3. Strategy, 4. Plan – with target market and anticipated market reach.

G. Does your project engage other partners in Markham? Please list partners: (100 words max)

H. Please briefly describe your safety protocol and risk management plan including Covid-19 protocols (if applicable- 300 words max)

APPENDIX II – PROJECT BUDGET

PROJECT EXPENSES: Indicate the project budget expenses.			
<p>In this section, present your expense budget. If you indicated that the project will proceed without DMC support, please indicate in Column A the expense detail of <u>your portion</u> of the investment including HST and Column B for DMC investment. If you indicated that the project will not proceed without DMC support, please indicate the total project budget in Section A.</p>		<p>DMC PARTNERSHIP EXPENSES ONLY In these two columns, please indicate how you would spend the requested DMC partnership investment to improve the project including HST. Please note the <u>total must equal the amount requested</u>.</p>	
A Expense Description	Amount (\$)	B DMC PARTNERSHIP Expenses	Amount (\$)
A TOTAL: \$		B TOTAL: \$	
TOTAL PROJECT EXPENSES COMBINED: (A+B)		\$	
PROJECT REVENUE Indicate the anticipated earned and contributed revenue for this project. If applicable, include HST.			
<p>In this column, indicate any confirmed sources of revenue, and amount secured to date for this project.</p>		<p>In this column, indicate any tentative/planned revenue not confirmed but projected.</p>	
A. Confirmed Revenue Description	Amount (\$)	B. Anticipated revenue sources	Amount (\$)
		DMC Partnership Grant Requested:	
		Up to 20% of project budget to a maximum of \$10,000	
A TOTAL: \$		B TOTAL: \$	
Total REVENUE COMBINED: (A+B)			
LIST ANY IN-KIND REVENUE			
TOTAL IN-KIND: \$			

APPENDIX III - WORK PLAN AND DMC MARKETING RECOGNITION

WORK PLAN – TEMPLATE TO REVIEW

DATE (S)	ACTION/DESCRIPTION	RESOURCES

MARKETING RECOGNITION

Please list the ways you will recognize DMC as a partner in your project				
Type of Recognition	Description of Recognition	Reach	Frequency	Estimated Value

APPENDIX IV – ATTESTATION

Email Submission to: info@visitmarkham.ca

Re: DMC Partnership Support Program

Please be sure to include all the items in the checklist and sign below.

APPLICANT CHECKLIST

- € Completed Application Form – Appendix I
- € Completed Budget – Appendix II
- € Completed Project Work Plan and Marketing Recognition – Appendix III
- € Signed Attestation – Appendix IV
- € Financial Statements – previous 2 years (audited)
- € Proof of Insurance – Certificate of Insurance: Minimum \$2 million General Commercial Liability insurance coverage.

The undersigned confirms that the information provided in this application is accurate and that the undersigned has authority to sign on behalf the applicant organization expressed in this application.

€ ***I accept the authorizations and confirmations***

PRINT NAME

TITLE

SIGNATURE

DATE (MM/DD/YY)