

PARTNERSHIP PROGRAM APPLICATION			
<b>Organization Name</b>		<b>Contact</b>	
<b>Email</b>		<b>Position</b>	
<b>Address</b>		<b>Telephone</b>	
<b>Project Date (s)</b>	<b>Start Date</b>		<b>End date</b>
<b>Project Name</b>			
<b>Check <span style="color: red;">ONE</span> category to apply for funding (refer to program overview for clarification)</b>	<input type="checkbox"/> Marketing and Promotion		
	<input type="checkbox"/> Event Development and Support		
	<input type="checkbox"/> Capacity Building		
<b>Total Project Budget</b>	\$	<b>Requested funds to Tourism NOTL</b>	\$

Answer Fields can be expanded as needed.

Partnership Program Project Details
Please provide a full description of the initiative.
Category Rationale
Please explain how this project relates to selected category (selected above).
Initiative/Project Rationale
Please explain the rationale/need/demand for this project.

**Strategic Focus**

List the key areas you will focus your efforts.

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**Business and/or Marketing Plan**

Indicate tactics to be deployed, including the target market and target audience(s).

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**Objective(s)**

Outline the desired results of this plan. Demonstrate its measurable benefits and its anticipated impact(s) on tourism in the Niagara Region. Please include any other partners or sector organizations not previously indicated.

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**Tourism Impact**

Describe how the project will drive visitation to the Town of Niagara-on-the-Lake, ON

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**Partnership Involvement**

Describe how the Tourism Niagara-on-the-Lake will be involved in the planning and/or execution of the project.

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## Additional Information

Please provide any additional information (if applicable).

Please email completed forms to:

[kathy@niagaraonthelake.com](mailto:kathy@niagaraonthelake.com)

- Detailed Budget in 'Excel' format **must be submitted with application**
- Letters of Support (optional)