**MEMBER NAME:** 

**CONTACT NAME:** 

**PHONE:** 

EMAIL:

DATE OF APPLICATION:



Program duration: Sept 5 - Dec 20, 2024

### **Program Overview:**

The South Canadian Rockies Shoulder Season Enhancement Program provides financial support to regional businesses and organizations who are seeking to expand tourism revenue through initiatives, such as:

- Events;
- Experiences;
- Product development;

Initiatives must support destination development during shoulder season: Fall Shoulder Season Sept 5-Dec 20.

## **Eligible Applicants:**

Support will be awarded to members based on their application. Applicants must be active members of the South Canadian Rockies Tourism Association, in good standing.

Applications should showcase programs, events, or experiences that will enhance shoulder season revenue and maximize regional economic impact within South Canadian Rockies. Programs that focus on increased overnight stays and collaboration with other regional operators will be given preference.

## **Program Details:**

Maximum of one application per organization, with a funding cap of \$4000.

Post program reporting should indicate favourable results in overnight stays or increased revenue during shoulder season for successful operators and will be be required 30 days after the program completion, unless otherwise specified by the selection committee.

## **Eligible Expenses:**

#### Logistical and production costs:

- Performers, artists and artisans fees;
- Rental of security barriers, equipment, tents, lighting, sound equipment, venue;
- Permits and insurance;
- Product enhancement (website development, program expansion).

#### **Promotional support:**

- Targeted online ads as part of an integrated, multi-faceted marketing campaign;
- Radio/media/print advertising that presents a unified tourism message;
- Content development including photography, video and written content (shot list must be included with the application).

## **Ineligible Expenses:**

- Event sponsorship, fundraisers, contests;
- Salaries and wages of employees;
- Purchasing of goods and services for resale;
- Capital purchases;
- Alcohol permits and alcohol;
- Accommodation;
- Hosting;
- Ticket surcharges;
- Donations;
- Prizing and gifting, including volunteer apparel/swag;
- Costs which South Canadian Rockies, at its discretion deems ineligible.

## **Requirements:**

Expenses must be incurred between dates outlined in application. Expenses will need to be invoiced by a qualified third party and documented in post program reporting.

### **Applicant Information:**

Organization:

**Application Contact:** 

Phone:

Email:

Address:

Website:

#### **Program Information:**

Please provide an overview of what you are planning for Shoulder Season enhancement in South Canadian Rockies, including project dates, and indicate if this is a new or existing initiative.

## **Program Budget and funding request:**

How much funding are you requesting and what percentage does this funding make up of your total project budget?

#### Funding Information:

Please list the items/initiatives that South Canadian Rockies funding will be used for, and anticipated cost:

### **Funding Information Cont:**

If you receive no funding, or only partial funding, from South Canadian Rockies, will you be able to continue on with your project?

### Partner Information:

Please list any partners that you will be working with (partners can include municipal parterns, other community organizations, and/or local operators). Please explain capacity of partnership.

#### Marketing Information:

Please describe how you plan to advertise/market your program, and indicate what percentage of your marketing will be focused on audiences outside the SCR region.

### **Marketing Information Cont:**

Who is your audience and what type of visitor are your aiming to attract?

## Marketing Information Cont:

Please indicate your anticpated program audience by percentage:

- Southern Alberta, including Calgary:
- Rest of Alberta:
- Out of Province:
- International:

## **Key Performance Indicators:**

Please list your Key Performance Indicators and how you plan to record them for post program reporting:

# Application Checklist:

Cover Letter:

- 2 letters of support:
- **Completed Application:**

#### **Declaration:**

The Applicant declares that the information contained in this application, and any supporting documents, is true and accurate. The Applicant understands and agrees that should this application be approved, any funding awarded is subject to the Applicant complying with the terms and conditions of our agreement and post reporting requirements.

Signature: Printed Name:

Date: