**Final Report – Ultimate Recipient COVID Tourism Reponse Fund**

This is a fillable form, please fill in grey areas if using ‘Word’, please fill in boxes if using PDF or completing by hand. This report must be completed to receive funding. This report is subject to change. **Return completed report to** [**partners@rto7.ca**](mailto:partners@rto7.ca)**.**

Item:

1. Business Information

Operating Name

Contact Name

Business Address

Telephone Number

Website Address

1. Revenue Changes: 2020 compared to 2019

0% - 25% -  decrease  Increase

26% - 50%  decrease  Increase

51% - 75%  decrease  Increase

76% - 100%  decrease  Increase

No change

1. Projected Revenue Change: 2021 compared to 2020

0% - 25%  decrease  Increase

26% - 50%  decrease  Increase

51% - 75%  decrease  Increase

76% - 100%  decrease  Increase

No change

1. Services accessed in preparation or during this project. Check all that apply.

Sector Specific Support

Market Intelligence Services

Demogrpahics – Focused Inclusivity Training

Talent Programs and Services

Sales Marketing and PR Support Service

New Infrastructure

1. Indicate if the project was led or majority led by one or more of the following under-represented groups.

Women

Indigenous Poples

Members of Official Langage Minority Communities

Youth

Persons with Disabilities

Newcomers to Canada

Visible Minorities

LGBTQ2+

1. Indicate if the project will impact any of the following federal inclusive growth proiorities.

Women

Indigenous Poples

Members of Official Langage Minority Communities

Youth

Persons with Disabilities

Newcomers to Canada

Visible Minorities

LGBTQ2+

1. Project Start and End Dates

Start Date DD-MM-YYYY

End Date DD-MM-YYYY

1. Total Project Cost
2. Total cash from sources other than the COVID Response Fund. Who contributed and the amount contributed.

1. Please list all project activity (milestones) successfully achieved by you during the duration of the Project.

1. Please provide a narrative of how the Project strengthen you position.

1. Please list any new partnerships created as a result of the project.

1. How many Full time Equivalent (FTE) jobs were maintained/created and employees trained as a result of the Project.

1. Satisfaction Survey

On a scale of 1 – 5, 1 being poor and 5 being excellent please rate the following questions, check only one per question.

1 2 3 4 5

How likely is it that you will

recommend this funding

program?

How well did the program

Address your needs?

How would you rate the

value for money to the

effort you put into

completed all program

requirements?

Overall, how satisfied are

You with the program?

How easy was the

application to complete?

How responsive was RTO7

to your question about the

funding program?

How likely are you to apply

for similar programs in the

future?

Other (please provide other satisfaction related comments).

1. General Comments. Please add any comments that you feel are pertinent to your Project.

1. List all invoices for this Project.

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| --- | --- | --- | --- | --- | --- | --- |
| Supplier | Product/service purchased (description) | Invoice Number | Base Amount | HST Paid | Total Paid | Payment Reference Number (Cheque #, EFT #, or Receipt of payment #) |
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|  |  | Total |  |  |  |  |

1. Submitted on behalf of the recipient:

Printed Name

Signature

Title

Date DD-MM-YYYY

1. Reviewed by on behalf of the RTO7:

Printed Name

Signature

Title

Date DD-MM-YYYY