**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****.**

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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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