**REGIONAL TOURISM ORGANIZATION 7**

PPE – COVID-19 RECOVERY FUNDS

DETAILS

**Who is eligible:**

* Tourism Operators
	+ defined as an Owner or Senior Level Manager responsible for a business that is a consumer facing organization that has direct access to the tourism consumer and relies directly on that consumer for their income
	+ the Tourism Operation must be currently in operation servicing the tourism consumer within BruceGreySimcoe
* Tourism Operators are permitted to apply for other similar programs from other assistance programs
* Maximum 50 participants/County; on a **“First Come, First Served”** basis until funds are allocated; funds not distributed within 3 weeks of program announcement will be reallocated

**What can you expect:**

* RTO7 will reimburse a maximum of $1,000 towards your purchase of PPE (defined as PPE, costs incurred to adhere to social distancing, touchless payments, new technology, increased cleaning, sanitization, etc.), retroactive to April 1, 2020

**What’s expected of you:**

* You will need to meet/agree to the requirements in the application below
* You will need to provide copies of receipts for the purchase of PPE in the amount of at least $1,000 (plus HST). For Tourism Operations that have not had $1,000 of PPE purchases the lesser amount will be funded i.e. if a tourism operator presents receipts totaling $800 (plus HST), the amount of funds dispersed will be $800

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PPE – COVID-19 RECOVERY FUNDS

APPLICATION

*Please ensure your application is complete and accurate for consideration; incomplete applications will lose priority and may not be followed up on*

|  |  |
| --- | --- |
| Tourism Operator Name |  |
| Tourism Business Name |  |
| Business Number |  |
| Business Address |  |
| Business Web Site URL |  |
| Business Email Address |  |
| Business Telephone Number |  |
| Requested Amount of Funding (maximum of $1,000 plus HST supported by copies of receipts for the purchase of PPEs) |  |
| List of Supporting Receipts for PPE Purchases |  |
| Banking Information (complete form below) |  |
| I understand that our operation must be in compliance with [‘A Framework for Reopening our Province’](https://www.ontario.ca/page/reopening-ontario) and other relevant COVID-19 compliance measures | \_\_\_ Y \_\_\_ N  |
| Maintain a current operator listing (free) on [www.brucegreysimcoe.com](http://www.brucegreysimcoe.com). Contact Allison Davies adavies@rto7.ca 705-888-8728 for assistance if required | I do \_\_\_\_ I will \_\_\_\_\_\_ (check one) |
| Maintain a current operator listing (free) on <https://www.tourismpartners.com/en/home> | I do \_\_\_\_ I will \_\_\_\_\_\_ (check one) |
| [Sign up](http://rto7.ca/Public/Special-Pages/Mailing-List-Signup) for the RTO7 E-Newsletter (funding updates, announcements, etc.).  | I do \_\_\_\_ I will \_\_\_\_\_\_ (check one) |
| Display the ‘BruceGreySimcoe Always in Season’ Logo ([JPG](http://rto7.ca/Public/Files/Brand-Assets/BGS-Logo-with-Tagline/BGS_Logo_AlwaysInSeason_CMYK-1.aspx), [EPS](http://rto7.ca/Public/Files/Brand-Assets/BGS-Logo-with-Tagline/BGS_Logo_AlwaysInSeason_CMYK.aspx)) with an active link to [www.brucegreysimcoe.com](http://www.brucegreysimcoe.com) and the Ontario Logo [(](http://rto7.ca/Documents/Public/Partnership-Funding-Projects/ON_POS_LOGO_RGB-1)[PDF](http://rto7.ca/Documents/Public/Partnership-Funding-Projects/ON_POS_LOGO_CMYK-1), [EPS](http://rto7.ca/Documents/Public/Partnership-Funding-Projects/ON_POS_LOGO_CMYK)) on your website  | I do \_\_\_\_ I will \_\_\_\_\_\_ (check one) |
| At least one representative of the organization will complete the FREE online (45 mins) [BruceGreySimcoe Service Excellence Training](https://rto7.ca/Public/Resources/BGS-Tourism-Service-Excellence-Training) **prior to March 31/21**. It is strongly recommended that at least one representative of the organization also complete the FREE [It’s Your Shift (Sexual Harassment & Violence) Training](https://rto7.ca/Public/Programs/It-s-Your-Shift)   | I have already completed the BGS Service Excellence Training \_\_\_ Y \_\_\_ N |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby certify that all information provided is accurate to the best of my knowledge. I understand that by providing false information to Regional Tourism Organization 7 may result in the reimbursement in full all funds provided by Regional Tourism Organization 7 and may preclude my business from participating in any current and future funding programs with Regional Tourism Organization 7.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature: I am authorized to bind the organization RTO7 authorized signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Date:

Please email your completed application and Electronic Funds Transfer Consent Form below to Alex Hogan at ahogan@rto7.ca

**Electronic Funds Transfer** (Direct Deposit) **Consent Form**

Regional Tourism Organization 7 uses an electronic commerce and environmentally friendly solution to streamline the procurement process, improve service levels and provide convenient payment to our vendors and partners.

Please complete Part One and Part Two.

**Part One – Remittance Information**

Company/Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Individual Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(not applicable to individuals)

Title/Phone # with extension: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(deposit notification sent here)

I hereby consent and give Regional Tourism Organization 7 the authorization to use the attached banking information to process electronic payments directly to my bank account through the use of Electronic Funds Transfer. I understand the information will be kept confidential and not used for any other purpose.

I also agree to update Regional Tourism Organization 7 directly should any banking or email information change.

Print Name:

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part Two – Payment Information**

Accuracy requires an attached void cheque (photocopy acceptable) or banking remittance form

Financial Institution

Name:

Address:

Bank Account Information (CAD):

Branch transit numbers are always 5 digits long and financial institution numbers are always 3 digits long. Bank account numbers may be up to 12 digits long. Below is an example of a cheque:

 