

# Application: CCT-Partnership-3777960206

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2023/2024 Partnership Opportunities Program

## Summary

ID: CCT-Partnership-3777960206

## CCT Partnership Application

Incomplete

### Form for "CCT Partnership Application"

## BUSINESS INFORMATION

#### Business Name

(No response)

#### Mailing Address

(No response)

#### City

(No response)

#### Province

(No response)

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**Postal Code**

(No response)

**Region**

(No response)

**Contact Name**

(No response)

**Contact Email**

(No response)

**Contact Phone Number**

This field must be a 10 digit phone number in ###-###-#### format.

(No response)

**PROJECT SUMMARY**

**Type of Project**

(No response)

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**Total Project Budget**

(No response)

**Total Amount Requested from CCT**

(No response)

**When do you expect your first visitors to be able to attend/see your project?**

(No response)

**How long will your project drive visitors to the region?**

(No response)

**How many visitors do you expect to attract through the lifespan of the project?**

(No response)

**How are you going to measure the number of visitors?**

(No response)

**What type of activities would our partnership funds be supporting?**

Check all that apply.

**No Responses Selected**

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As partners, what other support services would you look to CCT for?

## No Responses Selected

Does your community have a tourism plan in place?

(No response)

If yes, does your project support its goals and objectives?

(No response)

Will your project move forward without financial support from CCT?

(No response)

If successful, which financial option will you choose?

Click [HERE](#) to review financial options outlined in the Partnership Overview.

(No response)

## PROJECT DETAILS

Please provide a brief project description.

(No response)

Please list the other organizations/businesses that are actively participating in and benefiting from your project.

(No response)

How does/will this project improve tourism readiness and/or have a positive economic impact for your community?

(No response)

How are you working with your municipality, BIA or other organization to ensure that visitors to your project spend more time and money in the community?

(No response)

Besides money, what do you want to get from the partnership with CCT?

(No response)

## **BUDGET**

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Please list your total project budget.

This total must equal the "Total Project Budget" value noted above and reflects your project budget WITHOUT the funds you are requesting from CCT.

	Expense Description	Expense Amount

If the chart above is insufficient to include your Project Budget, please upload it through the 'Upload a file' button below instead.

NOTE: Line 1 in the budget grid above is mandatory, so if uploading your budget, you will still be required to complete the first line, at minimum.

Please list the expenses that will be covered by the partnership funds provided by CCT.

This total must equal the "Total Amount Requested from CCT" amount noted above and reflects the expenses that the CCT funds will support.

	Expense Description	Expense Amount

# CCT SUPPORT RECOGNITION

Please list the ways you will recognize CCT as a partner in your project

CCT Logo Usage must be approved by B2B Marketing Manager.

	Type of Recognition	Description of Recognition	Reach	Frequency	Estimated Value

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