



Government of Newfoundland and Labrador
Department of Tourism, Culture and Recreation

MARKET READINESS SUBSIDY PROGRAM
Application Form

PROGRAM INFORMATION

Name of Program: _____

Location: _____

Date: _____

ORGANIZATION / APPLICANT INFORMATION

Name of Organization/Applicant: _____
(Use business name registered with government(s))

Business #: _____ **Vendor #:** _____
(Issued by Canada Revenue) (Issued by Dept. of Finance)

Contact Person: _____ Position: _____

Mailing Address: _____

Postal Code: _____

Phone: _____ Fax: _____

Email: _____

(If approved, the Tourism Product Development Division will contribute up to 25% of eligible costs)

Applicant's Signature _____ Date: _____

**The above information and the attached questionnaire must be completed.
You will be notified in writing if you are eligible for a subsidy.**



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PARTICIPANT INFORMATION QUESTIONNAIRE

Please provide a brief description of your operation or organization.

What are your learning objectives and goals for this professional training opportunity?

Please outline how you feel this professional development could help improve your business or organization and how you will share the lessons learned and your experience with your colleagues in the tourism industry.

For more information on the Tourism Development - "Market Readiness Subsidy Program" contact:

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Tourism Product Development Division
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