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**REQUEST FORM**

**Support Fund for Tourism Attractions and Experiences (SFTAE)**

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For Développement Vaudreuil-Soulanges (DEV) to process your request, ensure to provide all required documents according to your needs. These documents are necessary for a good understanding of your needs and ensuring that customers receive the best possible support.

Once the file is received, an advisor from DEV will contact you at the earliest opportunity.

DEV informs you that the information collected on this form and any information that could be added to your file in the future, will be treated confidentially and will only be shared with those assigned to the decision-making process of your file.

Are you a client of DEV?

* Yes. Please write the name of your advisor:
* No

REQUEST FORM

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| **Type of Support Requested**  |
| * Businesses Support Fund / Tourism Attractions
* New Tourism Experiences Support Fund (to be completed in 2022)
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| **Company Information**  |
| Name : | NEQ : |
| Address : |
| City : | Postal Code : |
| Contact :  | Phone :  |
| Cell : **-** | E-mail : |

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| --- |
| **Financial Information** |
| Bank :  | Contact :  |
| Phone : **-** | E-mail : |
| Line of Credit  | Authorized Amount : Amount Used :       |

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| **Project Description** |
| Please provide us a summary description of the project: |

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| **Required Documents** |
| Please provide :* Financial statements for the past three years (income statement and balance sheet)
* Most recent interim cumulative financial statements (max. 3 months)
* Detailed project cost
* Project budget forecasts for the coming year
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ACKNOWLEDGEMENT

I certify that the information contained herein, and the attached documents are, to my knowledge, true and complete.

The documents submitted by the applicant remain Développement Vaudreuil-Soulanges' property, who will ensure its confidentiality. However, the applicant authorizes DEV to exchange with those assigned and involved in the decision-making process of the file, including with the financial institution, all the information or documents necessary to assess this application. The applicant relieves members of the investment committee and advisors of any possible liability that may incur by their decision and recommendation.

[ ]  I agree to be part of your contact network, to receive your customer satisfaction survey and your communications (including DEV newsletters).

DD / MM / YYYY Applicant’s Signature Name (please print)

IMPORTANT

**Please send your form duly completed to** **ngagnon@developpementvs.com** **and ensure all required documents are attached.**