

BUSINESS TO BUSINESS

MENTORSHIP PROGRAM

APPLICATION

If you are interested in being selected as an applicant for the HHBRTA Business to Business Mentorship Program, please complete the application form and submit your application to bev.scott@theheartofontario.com

CONTACT / BUSINESS INFORMATION

Key Project Contact Name:

Key Project Contact Title:

Legal Business Name:

Operating Name:

Business Address:

City / Town:

Postal Code:

Business Phone #:

Direct Line and / or Ext.

Mobile Phone #:

Email:

Number of Years in Business:

Briefly describe the nature of your tourism business, including what services you provide:

What is your key target market, currently?

- | | | | |
|---------------------|---------|-----------|------------------------|
| Families | Boomers | Corporate | Travel Trade |
| Millennials / Gen Z | Avids | Leisure | Other, please specify: |

Describe the experience / product you envision for consideration with the Business to Business Mentorship program:

Explain why you think the Business to Business Mentorship program is a good opportunity for you:

Is this a **New Experience or are you **Building off an existing one**?**

- | | |
|----------------|------------------------------|
| New Experience | Building off an existing one |
|----------------|------------------------------|

What is the target market you would like to attract?

- | | | | |
|---------------------|---------|-----------|------------------------|
| Families | Boomers | Corporate | Travel Trade |
| Millennials / Gen Z | Avids | Leisure | Other, please specify: |

What season would you like this experience to be available for? (Check all that apply)

- | | |
|--------|--------|
| Spring | Summer |
| Fall | Winter |

Do you have a budget estimate you would like to commit for the project?

No

Yes, if so, please specify estimated budget commitment \$

Can you define the key areas where you plan to invest your budget? (i.e. infrastructure, marketing, resources, photography etc.)

What areas do you need the most support in to get your experience to market?

Experience Development or Refinement

Website Development / Enhancements

Marketing / Digital Marketing

Other, please specify:

Diversification of Product Offerings (Sustainability,
Integration of additional offerings / services)

Describe any additional experience or expectation that you have that could be of interest to the mentor:

How do you envision the completed project to enhance your business sales and visitation, overall?

How will you measure the success of your participation in this mentorship program?

Do you foresee any barriers that will restrict you from being able to commit to the full length of the mentorship program?

No

Yes, if so, please specify:

When finished, please save your PDF, and email it to: bev.scott@theheartofontario.com