



**KAPUSKASING ECONOMIC  
DEVELOPMENT CORPORATION**

**Kapuskasing Municipal Accommodations (MAT)  
Tax Fund Application**



September 2024

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## **KAPUSKASING MAT FUND INTRODUCTION**

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With the Province of Ontario’s passage of Bill 127, the Stronger Healthier Ontario Act, municipalities have been authorized to establish a transient accommodation tax within their jurisdictions. The implementation and administration of the accommodation tax is authorized under Section 400.1 of the Municipal Act and Ontario Regulation 435/17 (together with all other relevant laws, regulations, decrees, orders, and by-laws, “Applicable Laws”).

Where a Municipal Accommodation Tax (MAT) by-law is in place, the MAT is mandatory and providers of transient accommodation are obligated to collect the MAT from purchasers of accommodation, and to remit same to the municipality having imposed it.

The proceeds of the MAT must be allocated, distributed, and utilized, in accordance with Applicable Laws.

In Kapuskasing, The Corporation of the Town of Kapuskasing has designated the Kapuskasing Economic Development Corporation (“KEDC”) as the organization that will be responsible for allocating and distributing part or all of the proceeds of the MAT (the proceeds transferred to the KEDC being the “MAT Fund”). The KEDC has an existing non-profit board with an economic development mandate that has long encompassed tourism.

The purpose of the Municipal Accommodations Tax Fund is to promote and grow the tourism industry in Kapuskasing.

All applicants to the MAT must contact the KEDC before applying. Please contact Paul Nadeau at [paul.nadeau@kapuskasing.ca](mailto:paul.nadeau@kapuskasing.ca) or 705-337-4256 or Kelly Kraby at [kelly.kraby@kapuskasing.ca](mailto:kelly.kraby@kapuskasing.ca) or 705-335-2259. Any submissions received without contacting the KEDC will be deemed ineligible for the MAT.

If you require assistance or further details about some of the questions, please contact the KEDC.

## APPLICANT INFORMATION

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### **Lead Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Website: \_\_\_\_\_

### **Alternate Contact Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Business or Operating Name: \_\_\_\_\_

Legal Name of Applicant: \_\_\_\_\_

(if different than business or operating name)

Type of Legal Entity of Applicant:

Sole Proprietorship    Corporation (for profit)    Corporation (not-for-profit)

Partnership    Other (please specify)

If other, please describe: \_\_\_\_\_

Briefly describe the nature of your organization/business: \_\_\_\_\_

\_\_\_\_\_

Business Registration Number: \_\_\_\_\_

Do you have a Town of Kapuskasing Business License?  Yes    No

## PROJECT DETAILS

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1. Name of Project: \_\_\_\_\_

2. What is the amount of your MAT fund request?: \$ \_\_\_\_\_

- Complete the *Fund Proposed Expenditure Form – Appendix A*
- For event-specific funding requests please submit an event budget (revenues and expenses)

3. Proposed start and completion dates (indicate the proposed project start/completion dates based on the project implementation schedule):

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

4. Select the project type that best suits your request:

- Tourism Product Development Project – Planning (feasibility studies and business plan)
- Tourism Product Development Project – Start-up/Expansion
- Festival / Event / Activity Hosting
- Marketing

5. Describe the project that is being presented and its importance to the community (max. 250 words):

6. Please identify any examples of similar or related initiatives to this project that you're aware of that have been undertaken in the town of Kapuskasing (either by the applicant or others):

7. Demonstrate the need or demand for the proposed project. Why do you think your project would be successful? What experience do you have with this type of activity?

8. Specify project objectives and how the project does and/or will contribute to tourism development in the Town of Kapuskasing.

9. Describe how the project promotes economic growth, innovation, and/or job creation in the Town of Kapuskasing.

10. If applicable, describe the participants forecasted to attend the event/activity, including anticipated numbers. For recurring events, please provide past attendee numbers.

- a. Estimated number of out-of-town event participants (non-ticket buyers such as the number of participants, exhibitors, performers, production crew, etc.) staying in hotels: \_\_\_\_\_
- b. Estimated number of out-of-town event attendees (ticket buyers) staying in hotels: \_\_\_\_\_
- c. Estimated total number of event attendees (both local /regional and out-of-town):
  - Local/Regional (within 40 kms): \_\_\_\_\_
  - Out-of-town: \_\_\_\_\_

11. What methods will you use to track the number of hotel visits as a result of your event?

12. How will you attract out-of-town participants/visitors to your event, and identify the proposed marketing strategy? And what assumptions are you basing this on (e.g. past events, model in other community)?

13. What specific regions and demographics are you targeting?

## PROJECT FUNDING

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14. Identify how the MAT funding will be used and how it will impact the viability and scope of the event/project.

15. Has your entity ever been funded or supported by the Town of Kapuskasing or the Kapuskasing Economic Development Corporation?  Yes  No

If yes, what did your entity receive funding or support for?: \_\_\_\_\_  
\_\_\_\_\_

16. Does the applicant owe the Town of Kapuskasing any money for taxes or other purposes that are past due?  Yes  No

If yes, please elaborate: \_\_\_\_\_

17. Have any other sponsors been approached and/or funding programs been applied to? If yes, indicate the organization and the status of those applications. If no, please explain.



18. If the project is funded, are there any potential issues related to the project that the KEDC should be made aware of?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. What permits and/or approvals are necessary to develop the project? Please indicate the status of each.

20. Is any key information missing from your application that will be submitted at a later date?  Yes  No

If yes, please explain what will be provided at a later date: \_\_\_\_\_  
\_\_\_\_\_

21. Will you need to use any Town-owned facilities (i.e. gazebo, pool, arena, halls, etc.)?  Yes  No

If yes, please specify which facility you require. The applicant must make the necessary arrangements. \_\_\_\_\_  
\_\_\_\_\_

22. Will you need any Town services (i.e. labourers, etc.)  Yes  No

If yes, please specify which services you require. \_\_\_\_\_  
\_\_\_\_\_

*Note: The use of Town-owned facilities and services may incur cost-recovery fees, which are the responsibility of the application unless otherwise specified.*

## **DOCUMENTATION REQUIREMENTS**

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23. Does your organization have a Board resolution(s) supporting the project?

If yes, please submit.  Yes  No

24. Does your organization have proof of appropriate insurance, including \$5 million in liability?  Yes  No

If yes, please submit.

## **CERTIFICATION**

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As the Applicant or an authorized signing officer of the Applicant, I certify to the Kapuskasing Economic Development Corporation (KEDC) that the information contained in the Application Form, which includes supporting documentation submitted herewith, is true and complete in all respects. If the KEDC discovers that the Application Form contains any material misrepresentation, this Application Form shall be deemed to be withdrawn immediately by the Applicant.

I agree to provide any additional information that the KEDC may reasonably require for the purposes of assessing this Application Form and administering its Municipal Accommodations Tax (MAT) Fund.

I also certify that upon completion of the project described in this Application Form, I will complete and return the *Final Report – Appendix B* and the *Final Financial Report – Appendix C* within 60 days of event/project completion.

## **APPLICANT/AUTHORIZED SIGNING AUTHORITY AND DATE**

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Applicant/Authorized Signing Authority Name: \_\_\_\_\_

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