

Application for financial support

1. Identifying details of the institution, entity, company or natural person

Name of the institution, entity or company

Address

VAT no. Postcode

Town or city County

E-mail Tel. no.

Website

(* If the applicant is a local authority, the local census must be included.

2. Identifying details of the person signing the application

Full name ID card no.

Position held in the institution, entity or company

3. Identifying details of the contact person for processing the application

Full name

Position Tel. no.

E-mail

4. Application's target department

- | | |
|--|---|
| <input type="checkbox"/> Nature and Active Tourism | <input type="checkbox"/> Premium |
| <input type="checkbox"/> Culture and identity | <input type="checkbox"/> Costa Brava Cruise Ports / Yacht Ports |
| <input type="checkbox"/> DO Empordà Wine Route | <input type="checkbox"/> Training Camps |
| <input type="checkbox"/> Food and Wine Tourism | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Health and well-being | <input type="checkbox"/> Press |
| <input type="checkbox"/> Multiproduct | <input type="checkbox"/> Online |
| <input type="checkbox"/> Convention Bureau | <input type="checkbox"/> East European countries |
| <input type="checkbox"/> Accessible Tourism | <input type="checkbox"/> <input type="text"/> |



5. Purpose of the application

Title of the activity

Period during which the activity will take place

Estimated cost of organising the activity

Description of the activity or action *

DETAILED JUSTIFICATION of the value contributed by the activity/event/ceremony, etc. to the Costa Brava and/or Girona Pyrenees tourism brands *

RETURN obtained by sponsorship in promoting and disseminating the Costa Brava and Girona Pyrenees tourism brands **

Details of overnight stays

Distribution of participants/attendees: Local %

National %

International %

No. of participants/attendees Social media followers

Other

(*) These fields are mandatory; the document will be rejected if they are left empty.

(**) At least one of the fields must be completed. If they are left empty, you must state the reason in the "OTHER" field.



6. Declaration

I, the undersigned, REQUEST financial support for the amount and the reasons stated herein. I accept full liability for all the consequences that may arise herefrom and I DECLARE:

- That the information given in this application and in the attached documents is correct as planned to date.
- That it complies with the obligation to socially integrate disabled workers, in the case of companies with 50 or more employees (Article 42.1 of Legislative Royal Decree 1/2013, of 29 November, approving the consolidated text of the General Law concerning people with disabilities and their social integration).
- That the financial support provided by the Costa Brava Girona Tourist Board will be expressly mentioned at any event and on all advertising or publicity concerning the related programmes, activities or actions.

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Applicant's signature