

Tourism Industry Awards of Excellence:

Indigenous Tourism Award

This award recognizes an organization, individual or experience that has demonstrated a commitment to the development and promotion of authentic, cultural Indigenous experiences for visitors to Ontario.

Criteria

All nominations are judged against the criteria outlined below. If you wish, you may choose to structure your nomination submission according to the same numbered list. All submissions will be reviewed and judged by an independent committee of industry representatives. Judging of the awards will take place in August 2018.

- Describe the organization and/or its Indigenous tourism offerings. Does it meet the standard of market-readiness as outlined by the <u>Indigenous Tourism Association of Canada's National</u> Guidelines?
- **2.** Has the organization and/or its offerings stimulated tourism employment and economic activity within Indigenous communities?
- **3.** What social and cultural impacts has the organization or experience had on its host community with regards to the advancement of Indigenous culture and community?
- **4.** How did the organization or experience contribute to or enhance tourism offerings in the local community, region or province of Ontario? Consider the following (please provide evidence of any metrics provided):
 - a. Increases in the number of visitors to the community, region or province
 - b. Increases in visitor spending
 - c. Increases in return visitors
 - d. Any special recognition or media attention

Eligibility

- **1.** Nominated organization/experience must be based in Ontario.
- 2. Nominated organization must be involved in tourism.

NOTE: Self-nomination and nomination of a third party are permitted.





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Nomination Checklist

| Name of Nominated (| Organization/Experie | ence/Individual: |
|---------------------------------|----------------------|---|
| Business Address: | | |
| | | |
| Business Telephone: | | |
| Business Website: | | |
| Please ensure the fo | llowing have bee | en completed: |
| I have reviewed | the award criteria a | and eligibility requirements in full |
| I have attached | all supporting mater | rials, and understand they will not be returned |
| I have complete page with my su | _ | ed and dated it, and included it as a cover |
| Name of Person Subm | itting Entry: | |
| Title/Position of Perso | n Submitting Entry: | |
| Telephone of Person S | ubmitting Entry: | |
| Email of Person Submi | tting Entry: | |
| | | |
| Date | | Signature |
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