

ITAC Market-Ready Criteria Checklist

Must be completed and accompany membership application for
Type 1: Market-Ready Indigenous Tourism Experiences, Type 2: Indigenous Tourism Associations and **Type 3: Non-Market-Ready Indigenous Tourism Experiences**

INDIGENOUS
TOURISM ASSOCIATION OF CANADA

ASSOCIATION TOURISTIQUE
AUTOCHTONE
DU CANADA



Business Name

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| <p>1. Do you maintain a staffed business location with a set schedule of operating hours?</p> <p>Yes No N/A</p> | <p>7. How do you know that you offer a quality experience? (Check all that apply)</p> <p><input type="checkbox"/> Increase in visitors</p> <p><input type="checkbox"/> High repeat visitation</p> <p><input type="checkbox"/> Direct feedback (calls, emails, etc.)</p> <p><input type="checkbox"/> Guestbook (comments)</p> <p><input type="checkbox"/> Visitor feedback forms</p> <p><input type="checkbox"/> Visitor/customer surveys</p> <p><input type="checkbox"/> External/independent review</p> <p><input type="checkbox"/> Industry accreditation and standards</p> <p><input type="checkbox"/> Industry support and partnerships</p> <p><input type="checkbox"/> Industry awards and recognition</p> <p><input type="checkbox"/> Other</p> | <p>12. Are your operating hours clearly posted for visitors on site and for trade on your website and materials? Do you follow those operating hours consistently?</p> <p>Yes No N/A</p> | | | | | | | | | | | | |
| <p>2. Is your business available by email or telephone year-round? If you are seasonal, do you provide an automated response through voicemail or email?</p> <p>Yes No N/A</p> | <p>8. Do you have alternate plans if there is bad weather or a community emergency? This is very important for outdoor, adventure and winter-based experiences.</p> <p>Yes No N/A</p> | <p>13. Do you have branded on-site signage?</p> <p>Yes No N/A</p> | | | | | | | | | | | | |
| <p>3. Can your business/operation be reached 24-hours a day, 365 days a year by website, phone, fax or e-mail? (Not to directly speak to someone but to have access to information and to be able to leave messages, send bookings, etc.)</p> <p>Yes No N/A</p> | <p>9. If your tourism experience requires special equipment or training do you provide it? (i.e. safety equipment, lifejackets, camping equipment, hats, gloves, etc.)</p> <p>Yes No N/A</p> | <p>14. Are you tracking, measuring and evaluating results to ensure a consistent level of customer satisfaction? Tracking and evaluation can help identify who your visitors are, their level of satisfaction and the economic impact in the community.</p> <p>Yes No N/A</p> | | | | | | | | | | | | |
| <p>4. Do you return messages within 24 hours during standard business hours?</p> <p>Yes No N/A</p> | <p>10. Have you maintained good standing of all applicable business licenses, insurance, and legislative requirements?</p> <p>Yes No N/A</p> | <p>15. Do you have promotional materials that present the product (experience), the price, dates and key reasons to visit?</p> <p>Yes No N/A</p> | | | | | | | | | | | | |
| <p>5. Do you have a website where visitors can obtain information? This website should have all key information on operating hours, location and instructions on how to get there (i.e. Google Maps links)</p> <p>Yes No N/A</p> | <p>11. Please list the licenses and permits you hold:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>16. Please rate the amount of Indigenous culture included in the overall experience (1 = low, 5 = high):</p> <p>1 2 3 4 5</p> | | | | | | | | | | | | |
| <p>6. Do you offer a quality experience to visitors?</p> <p>Yes No N/A</p> | | <p>17. Please rate the level of physical activity required:</p> <p><input type="checkbox"/> Low</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> High</p> | | | | | | | | | | | | |
| | | <p>18. In which months are your experience(s) available? (Check all that apply)</p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> January</td> <td><input type="checkbox"/> July</td> </tr> <tr> <td><input type="checkbox"/> February</td> <td><input type="checkbox"/> August</td> </tr> <tr> <td><input type="checkbox"/> March</td> <td><input type="checkbox"/> September</td> </tr> <tr> <td><input type="checkbox"/> April</td> <td><input type="checkbox"/> October</td> </tr> <tr> <td><input type="checkbox"/> May</td> <td><input type="checkbox"/> November</td> </tr> <tr> <td><input type="checkbox"/> June</td> <td><input type="checkbox"/> December</td> </tr> </table> | <input type="checkbox"/> January | <input type="checkbox"/> July | <input type="checkbox"/> February | <input type="checkbox"/> August | <input type="checkbox"/> March | <input type="checkbox"/> September | <input type="checkbox"/> April | <input type="checkbox"/> October | <input type="checkbox"/> May | <input type="checkbox"/> November | <input type="checkbox"/> June | <input type="checkbox"/> December |
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| <input type="checkbox"/> April | <input type="checkbox"/> October | | | | | | | | | | | | | |
| <input type="checkbox"/> May | <input type="checkbox"/> November | | | | | | | | | | | | | |
| <input type="checkbox"/> June | <input type="checkbox"/> December | | | | | | | | | | | | | |

I certify these statements to be true to the best of my knowledge. I also certify that I have read and adhere to the Member Code of Ethics as noted in the Indigenous Tourism Association of Canada Bylaws.

Name: _____

Signature: _____

Date: _____