

2017 Co Op Advertising Reimbursement Request

Name of Event:			
Name of Organization:		Address:	
Amount to Receive: <i>No more than 50% of E2 or more than amount awarded</i>		2017 Event Date(s):	
Contact Name:		Title:	
Phone:		Email:	
Total Event Expenses:		Total Event Revenues:	
Total Event Attendance:		% Attendance from outside County:	
Check Recipient Name:			
Check Recipient Address:			

Number in attendance and how measured:	
Number of overnight stays and how measured:	
How were event goals met/what can be improved for future events?	
How did the event build a positive community image?	
What partnerships and/or collaborative efforts were used/created?	
Where/how was the VisitFindlay logo displayed?	
What specific marketing activities did you try? Were they successful?*	
What changes were made to attract & accommodate new visitors?*	
Have you made plans to continue this event for next year? If so, please share the date and initial plans:	

*For events with regional or larger focus/applicants receiving > \$1,000 in Co Op Advertising support

2017 Co Op Advertising Budget

Revenue

This section is to provide information about what funding has been secured for the event, and revenues. Use additional pages, and attach ledgers if necessary.

(R1) **Event income from sales** \$ _____
Any income from ticket, advertising or exhibitor spots, etc.

Income from sponsorships and donations:

Any income from organizations or individuals in the form of sponsorships or donations – not including this CVB request.

Name of sponsor or donor	Amount of donation
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____

(R2) **Total sponsorship and donations:** \$ _____

(R3) **Total Income before CVB Grant** *(Add R1 and R2)* \$ _____

+

(R4) **Amount Requested from CVB** \$ _____

=

(R5) Total Revenue *(Add R3 and R4)* \$ _____

Expenses

This section is to provide information about how project funds were spent.

General Expenses:

May include facility costs, contracts/professional fees, equipment, etc. Expenses NOT covered by Co Op Advertising Grant funds. Use additional pages, if necessary.

Item Description:	Cost:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. _____	\$ _____
15. _____	\$ _____
(E1) Total General Expense Cost:	\$ _____

Advertising and Marketing Expenses:

Signage, advertising and media buys, creative development, postage, website, printed materials, etc. Expenses that ARE COVERED by Co Op Advertising Grant funds. Only cash expenses are matched, in-kind monetary amounts do not count toward matched Advertising & Marketing Expenses. Please include additional pages, if necessary.

Item Description: <i>(Include where receipt is from and what is was used for, i.e. Facebook, Boost for a local audience)</i>	Cost:	In Kind:
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
(E2) Total Advertising and Marketing Cost:	\$ _____	

(E3) Total Expenses *(Add E1 and E2)* **\$ _____**

Reminder: *This grant is for 50% matching funds. To receive the full amount of requested funds from the CVB, the Total Advertising and Marketing Cost above must equal twice the amount requested.*

Net Revenue

(B1) Total Revenue	<i>(R5)</i>	\$ _____
		-
(B2) Total Expenses	<i>(E3)</i>	\$ _____
		=

Net Revenue *(Subtract B1 from B2)* **\$ _____**

Signature: _____ **Title:** _____ **Date:** _____
An electronic signature above signifies that this document is complete, and all information within is accurate.

Return Completed Reimbursement Request to: Hancock County Convention & Visitors Bureau, Attn: Co Op Advertising Program
 123 East Main Cross, Findlay, Ohio 45840, **FAX:** 419.422.9508 or **EMAIL:** info@visitfindlay.com.

Note: Completed request must be submitted no later than 60 days after the end of the event.
 A complete request consists of: Completed request form, Copies of proof of expenditures, Original artwork or photographs of VisitFindlay logo featured in promotional materials. **Questions?** Contact the CVB at 419.422.3315. or email info@VisitFindlay.com.

