

2017 Community Connect Reimbursement Request

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

Number in attendance 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 specific marketing activities did you try? Were they successful?	
What partnerships and/or collaborative efforts were used/created?	
Where/how was the VisitFindlay logo displayed?	
Have you made plans to continue this event for next year? If so, please share the date and initial plans:	

2017 Community Connect 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 Community Connect funds.

Item:	Cost:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
(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 Community Connect 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. _____	\$ _____	_____
(E2) Total Advertising and Marketing Cost:	\$ _____	

(E3)	Total Expenses <i>(Add E1 and E2)</i>	\$ _____
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Net Revenue

(B1) **Total Revenue** (R5) \$ _____
-
(B2) **Total Expenses** (E3) \$ _____
=

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: Community Connect 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.