

Rebrand/Annual Marketing Program Reimbursement Request

Name of Marketing Program:			
Name of Organization:		Address:	
Amount to Receive: <i>No more than 50% of E1 or more than amount awarded</i>		Program/Completion Date:	
Contact Name:		Title:	
Phone:		Email:	
Total Program Expenses:			
Annual Visitor/Event Attendance:		% Attendance from outside County:	
Check Recipient Name:			
Check Recipient Address:			

Please explain your rebrand/marketing program in 3-5 sentences:	
Please share the success your program. Did anything not work the way you wanted it to?:	
How did your rebrand/annual marketing project support travel and tourism in Hancock County?	
Any marketing plans for 2020 and moving forward?	

Tourism Development Project Budget

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

Expenses

This section is to provide information about how funds were spent. It should list only funds related to this particular project. Do not include marketing expenses if Co Op Advertising Grant was received. Funding may not be used for administrative fees or salaries, alcohol or alcohol permits, raffle items, or prize money. Matching funds may be comprised of up to 50% in-kind donations (at least 50% of the matching funds must be cash). Use additional pages, if necessary.

Item Description: <i>((Include where receipt is from and what is was used for i.e. John Smith, Speaker Fee))</i>	Cost:	In-Kind:
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____

(E1) **Total Expenses** \$ _____

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

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: Tourism Development
 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 December 1. Earlier requests are accepted.
 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.

