

# 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>		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

# 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. _____	\$ _____
<b>(E1) Total General Expense Cost:</b>	<b>\$ _____</b>

**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. Maximum of \$250 match for promotional items (i.e. tshirts, pens, bags, etc.) Please include additional pages, if necessary.

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

**(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](mailto:info@VisitFindlay.com).

