

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>		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:	

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)	\$ _____
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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.