



# 2026 Co Op Advertising Program

## Assist with Advertising and Marketing Expenses

Maximum Award: \$3,500 for regionally focused advertising  
& \$2,000 for locally focused outreach • 50% Match • No Application Limit

Applications are due 60 days prior to the start of the event

### Application Timeline

- **Submit Application** - Applications are due 60 days prior to the start of the activity
- **Notice of Approval** - To be received within 15 days of receipt of application
- **Have a Successful Event** - We want to ensure you have a great event, let us know how we can assist!
- **Submit Request for Reimbursement** - Reimbursement form, related receipts, and proof of logo usage are due within 60 days after the completion of your event
- **Reimbursement Processed** - Within 30 days of the receipt of the completed reimbursement request and supporting materials you will receive your reimbursement check

### Application and Reimbursement Checklist

- **Fill out application and budget worksheet** - Complete all sections of the application. Attach extra sheets, if necessary. We understand this is your projected budget, and may change during the course of event planning. Just give us your best estimate.
- **Call the CVB or set up a meeting if you have any questions** – Contact us with any questions you may have about the application, marketing ideas, and the support available to you for free.
- **Submit application** – Submit 60 days before the start of your event. You will be notified within 15 days of the 60 day deadline if your program has been approved.
- **Keep copies of all receipts, quotes, and invoices for eligible items** – They must be attached to the Reimbursement Request for payment.
- **Submit reimbursement request** – Submit no more than 60 days after the conclusion of the event or program, or by December 15, whichever comes first. Must include your actual financial outcome, copies of receipts, and proof of logo usage on marketing and promotional materials.
- **Watch the mail** – After review, your check will be processed within 30 days.

**Complete every page of the application and worksheet!**

**Make sure to read the fine print on page 5 to see if your organization is eligible, priority areas, eligible expenses, documentation and more.**

**Contact Visit Findlay with any questions you may have:**

**[info@visitfindlay.com](mailto:info@visitfindlay.com) & 419-422-3315**

## 2026 Co Op Advertising Program Application

<b>Name of Event/Program:</b>																			
<b>Event Date(s):</b>		Event Location:																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Organizing Group:</td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="width: 20%; padding: 5px;">Contact Name:</td> <td style="width: 25%; padding: 5px;"></td> <td style="width: 25%; padding: 5px;">Role in Organization:</td> <td style="width: 30%; padding: 5px;"></td> </tr> <tr> <td style="width: 20%; padding: 5px;">Contact Phone:</td> <td colspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="width: 20%; padding: 5px;">Mailing Address for Grant Correspondence:</td> <td style="width: 25%; padding: 5px;"></td> <td style="width: 25%; padding: 5px;">Permission to share your organization in a press release?</td> <td style="width: 30%; padding: 5px;"></td> </tr> </table>				Organizing Group:				Contact Name:		Role in Organization:		Contact Phone:				Mailing Address for Grant Correspondence:		Permission to share your organization in a press release?	
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<b>(R4) Amount Requested:</b>		<b>(E2) Budgeted Event Advertising Expenses:</b>																	
<b>(E1) Budgeted Total Event Expenses:</b>		<b>(R5) Projected Total Event Revenue:</b>																	
Goal Attendance:		Goal Overnights:																	
<p>Briefly describe your event:</p>																			
<p>What is your goal for the event? What is its purpose?</p>																			
<p>Who is your target audience? <i>Please describe your marketing plan or attach it for reference.</i></p>																			
What other events are taking place the same day/weekend as your event?		How will this affect your attendance? Are there opportunities for collaboration?																	
<p>How many years has CVB grant funding been requested? What grant programs have you utilized?</p>		2025 (or earlier) estimated day trip or local attendees for event:																	
		2025 (or earlier) estimated overnight attendees for event:																	

**Reminder: You must use the CVB logo in your marketing materials.**

**Failure to do so will potentially affect your grant award and possibility for future awards.**

## 2026 Co Op Advertising Program Application

If you anticipate at least 30% of attendees will be from outside of Hancock County and are applying for \$2,000 or more please fill out the following questions:

What specific markets are you targeting outside of Hancock County?		What marketing activities are you doing to promote your event and increase new tourism?	
In what ways can the CVB assist in reaching these markets?		Can you collaborate with other organizations to advertise in the new market?	
What made you choose this market and why do you think it will be a beneficial demographic to advertise to?		What percentage of advertising do you expect to take place outside of Hancock County?	

### Worksheet

#### Projected Revenue

**(R1) Projected event income from sales:**

*Any income expected from tickets, merchandise, advertising or exhibitor spots, etc.*

\$ \_\_\_\_\_  
+ \_\_\_\_\_  
\$ \_\_\_\_\_  
= \_\_\_\_\_

**(R2) Projected event income from sponsorships or donations:**

*Any income expected from organizations or individuals in the form of sponsorships or donations.*

*Please do not including this CVB request.*

**(R3) Total before CVB Grant:**

\$ \_\_\_\_\_  
+ \_\_\_\_\_  
\$ \_\_\_\_\_  
= \_\_\_\_\_

**(R4) Amount Requested from CVB**

*No more than half of budgeted advertising expenses up to the eligible amount*

**(R5) Total Projected Revenue:**

\$ \_\_\_\_\_

**Note: All numbers should be estimates. Think what your goal is and use those numbers to calculate your projected revenue**

## 2026 Co Op Advertising Program Application

### Projected Expenses

**(E1) Total General Expenses:**

*May include facility costs, contracts/professional fees, equipment, etc.*

*These are expenses not covered by Co Op Advertising Grant Funds.*

\$

**Advertising and Marketing Expenses:**

*Signage, advertising and media buys, creative development, postage, website, printed materials, registration bags, etc. Only cash expenses are eligible, in-kind monetary amounts do not count toward eligible Advertising & Marketing Expenses. A list of eligible items can be found on Page 5. Additional Pages may be added if necessary.*

**Item Description** (include if local/non-local)

*i.e. Print Advertising, Local - The Courier and Town Money Saver*

**Cost**

1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$

**(E2) Total Estimated Advertising and Marketing Expenses:**

\$

*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 (E2) must be at least twice the amount you're requesting.*

*Example:*

*Requested: \$3,500*

*Total Eligible Expenditure Cost: \$7,000+ (E2)*

*Example:*

*Requested: \$750*

*Total Eligible Expenditure Cost: \$1,500+ (E2)*

**(E3) Total Projected Expenses (Add E1 and E2):**

\$

**Projected Net Revenue**

**Total Projected Revenue (R5) \_\_\_\_\_ - Total Projected Expenses (E3) \_\_\_\_\_ = \$ \_\_\_\_\_**

## 2026 Co Op Advertising Program Application

### Application Guidelines and Fine Print

**Who May Apply:** Any organization seeking to produce or promote an existing event or program that has the potential to create a positive image in the Findlay-Hancock County Area. In order to be considered for funding, all activities must be open to the general public or have non-exclusive membership. Preference will be given to non-profit organizations.

**Priority Areas:** Applications meeting at least one of the four priority areas (Overnight Accommodations, Signature Events, Community Image Building and Hospitality Partnership Growth) will be considered. However, greater weight will be given to the applicants meeting multiple areas.

**Amount Requested and Use:** This program is for Marketing and Advertising funds only (See list of eligible expenses below). Activities with a local focus may request up to \$2,000 in 50% matching funds, and those with a regional or larger focus may request up to \$3,500 in 50% matching funds. Only cash expenses are matched, in-kind monetary amounts do not count toward matched Advertising & Marketing Expenses. Payment is processed after Reimbursement Request, and copies of receipts and promotional materials are submitted. This grant may be combined with Tournament Builder, Tourism Development, or Tourism Growth programs.

**Marketing and advertising expenditures covered by this grant may include:**

- Radio spots
- Postage and Mailers
- Television
- Print ads
- Billboards
- Digital Marketing
- Promotional items (t-shirts, pens, etc.) *limited to a \$250 match*
- Event brochures, fliers and posters
- Other expenses as approved by the CVB

**Application:** In order to be considered for funding, applicants must complete and submit the Co-Op Advertising Program Application, Budget Worksheet, and any supporting materials to the Hancock County Convention & Visitors Bureau 60 days prior to the event. Incomplete or late applications will not be considered for approval.

**Documentation and payment:** A Reimbursement Request form is available at [VisitFindlay.com](http://VisitFindlay.com). Please fill out this form with information about your event's outcome and success within 60 days of the conclusion of the event, or by December 15. Proof of payment, paid invoices, copies of checks and original artwork or photographs of VisitFindlay logo in advertising materials must accompany the Reimbursement Request form in order to receive reimbursement. Reimbursement funds will be issued once this document is received and processed. Failure to complete the reimbursement request by the deadline will disqualify the organization from receiving reimbursement funds and may influence future award decisions.

**CVB Logo:** The current Hancock County Convention & Visitors Bureau logo and/or website must clearly be presented in all marketing materials, press releases, and presentations. Failure to acknowledge the CVB and/or failure to use correct CVB logo in event promotions will disqualify the organization from receiving reimbursement funds. Failure to comply could also limit the organization's ability to apply for future funding from the CVB. Correct Visit Findlay logos can be downloaded at [VisitFindlay.com/VisitFindlayLogo](http://VisitFindlay.com/VisitFindlayLogo) or requested by emailing [info@visitfindlay.com](mailto:info@visitfindlay.com).

**Special Circumstances:** If the program or event is cancelled for any reason, all unused funds must be returned to the CVB. In the event your organization has special requests outside of the realm of the program guidelines, the CVB Grant Committee will review and present a recommendation to the CVB Advisory Board for approval. Applicants will be notified if special procedures are needed.

*The Hancock County Convention & Visitors Bureau Advisory Board and Staff have the right to refuse any or all applications, if they are deemed outside the boundaries of the mission of the Convention & Visitors Bureau. \*All decisions are final\**  
*\*Disbursement of funds is dependent on the receipts collected from the bed tax from year to year\**

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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 Application to Hancock County Convention & Visitors Bureau*

*MAIL: 123 East Main Cross, Findlay, Ohio 45840 or EMAIL: [info@visitfindlay.com](mailto:info@visitfindlay.com) or ONLINE: [VisitFindlay.com](http://VisitFindlay.com)*

*Note: Completed application must be submitted no later than 60 days prior to the start of the event.*

*A complete application consists of: Completed original application form, completed Worksheet, and supporting documents*

*Questions? Contact the CVB at 419.422.3315, or email [info@VisitFindlay.com](mailto:info@VisitFindlay.com).*