


# 2012 Co Op Advertising Grant



The mission of the Hancock County Convention & Visitors Bureau is to promote Findlay, Hancock County, and the features that create a destination for outside visitors and tourists. The Hancock County Convention & Visitors Bureau (HCCVB) has set aside funds, in 2012, for the marketing of events and attractions which exhibit positive tourism potential. Qualified organizations will be eligible to receive up to \$3,000, per activity, in matching funds. These funds are to assist qualified organizations with the advertising and promotion of activities, which directly increase hotel occupancy throughout the year, and which help build a positive image of the Hancock County area. The HCCVB funds are intended to promote local events and attractions to visitors from outside of the community and match the local promotional efforts contributed by the host organization.

## Who May Apply:

Qualified organizations include: attractions, events, eateries, shops, lodging facilities, parks and recreational sites, meeting and banquet facilities. A qualified organization will seek to produce and promote a well-defined cultural theme, sport tournament, community festival, event, or package that has potential to increase hotel occupancy and/or create a positive image of the Findlay-Hancock County area.



### New for 2012 Applications:

The HCCVB logo must be clearly presented in all marketing materials, with approval from the HCCVB prior to distribution. Materials that do not comply will not be eligible for reimbursement funds. Logos and standards for use are available for download at [VisitFindlay.com](http://VisitFindlay.com) or through the HCCVB staff.

Local events may be approved for up to \$1,000 in matching funds. At least \$2,000 must be spent to receive \$1,000. Receipts for reimbursable and matching expenses must be submitted with the Reimbursement Request Form.

Activities that exhibit the strongest tourism potential may apply for and be approved for up to \$3,000 in matching funds. At least \$6,000 must be spent to receive \$3,000. Only those expenses that can be directly tied to marketing outside Hancock County will be reimbursed with the additional \$2,000. No local media receipts will be reimbursed. At least 50% of non-media marketing must be disbursed to individuals outside Hancock County to be eligible for reimbursement.

## Funding Priorities:

All activities must exhibit the ability to enhance the overall goals of the Hancock County Convention & Visitors Bureau. Higher consideration will be given to organizations that demonstrate potential for accomplishing multiple HCCVB goals. Please see [VisitFindlay.com](http://VisitFindlay.com) for a full description of these goals.

1. **Overnight Accommodations**
2. **Signature Events**
3. **Community Image Building**
4. **Hospitality Partnership Growth**

### Application Timeline:

Submit Application – 60 days prior to the start of the activity (or earlier)

Notice of Approval – 15 days after receipt of Application

Submit Request for Reimbursement – 60 days after the completion of activity (or earlier)

Reimbursement processed – 30 days after receipt of Request for Reimbursement

### Application Guidelines:

- Applications meeting at least one of the four priority areas will be accepted and considered. However, greater consideration will be given to the applicants meeting multiple areas.
- In order to be considered for funding, applicants must complete and submit the 2012 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 applications will not be considered for approval.**
- **The Hancock County Convention & Visitors Bureau logo and/or website must be clearly presented in all marketing materials, press releases, and presentations.** The HCCVB must approve all advertising *prior to distribution*. Failure to publicly acknowledge the HCCVB in event publicity 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 HCCVB.
- The amount of HCCVB funds requested may be up to \$3,000. The amount of the request must be matched by 50% by the Organization. Local events may request up to \$1,000.
- Funds granted through the Co Op Advertising program may be used only for event advertising and marketing purposes.
- In order to be considered for funding, all activities must be open to the general public or have non-exclusive membership.

### Application Materials:

- ✓ Co Op Advertising Application – Complete all sections of the 2 page application. Attach extra sheets, if necessary.
- ✓ Budget Worksheet – Complete all sections of the Budget Worksheet with sufficient detail to verify the applicant's expenditures to be matched by HCCVB Co Op funds. Up to 50% of advertising expenditures may be matched by HCCVB Co Op funds, at a maximum of \$3,000.
- ✓ Supporting Materials – If deemed appropriate by the applicant, include narrative of previous event history, attendance, hotel rooms occupied and financial recap (exhibitors, admissions, advertisement placement). References and other relevant information may also be submitted.

### Eligible Expenditures:

Advertising placement and fulfillment may include:

- |                       |   |
|-----------------------|---|
| ○ Radio               | ○ Event brochures                         |
| ○ Print               | ○ Postage fees                            |
| ○ Television          | ○ Awards and promotional items            |
| ○ Website advertising | ○ Other expenses as approved by the HCCVB |
| ○ Billboards          |   |

**Reimbursement:** A Reimbursement Request form will be provided to the organization along with approval notification. Proof of payment, paid invoices and copies of checks must accompany the Reimbursement Request form, in order to receive reimbursement. This request **must** include a written summary outlining the number in attendance, advertising response and comments about the success of the event. Please include suggestions on improving the event in future years. Failure to include this summary may exclude the event from consideration in future HCCVB applications. The Reimbursement Request form and other supporting documents must be presented to the HCCVB Advisory Board within **sixty days** of the event or ad placement.

**Application Review:**

Applications will be reviewed and notification of approval will typically be given within 15 days of receipt by the HCCVB. In the event the application has special requests outside of the realm of the Co Op Program guidelines, the HCCVB Marketing Committee will review and present a recommendation to the HCCVB Advisory Board for approval. HCCVB Board meetings are held the second Thursday of each month, at which time approval would take place.

**Contact:**

Please contact the Hancock County CVB with any questions:

1-800-424-3315, 419-422-3315

info@visitfindlay.com

VisitFindlay.com

*The Hancock County Convention & Visitors Bureau Operating 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.*

*\*Disbursement of funds is dependent on the receipts collected from the bed tax from year to year\**

## 2012 Co Op Advertising Application (2 pages)

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| Name of Event:  |  |                                       |  |
| 2012 Dates:   |  | Year Event Began:                     |  |
| Name of Organization:   |  | Address:                              |  |
| Amount Requested:   |  | Projected Event Marketing Expenses:   |  |
| Contact Name:   |  | Title:                                |  |
| Phone:  |  | Email:                                |  |
| Organization Annual Budget:   |  |                                       |  |
| Annual Organization Marketing Budget:   |  |                                       |  |
| Expected Total Expenses:  |  | Expected Total Revenues:              |  |
| Total Estimated Attendance:   |  | % Attendance from outside Hancock Co. |  |
| Target Audience:  |  |                                       |  |
| Event Goals:  |  |                                       |  |
| Will the Event increase overnight stays? Explain.                             |  |                                       |  |
| Do you see the Event becoming a Signature program in Hancock County? Explain. |  |                                       |  |
| How will the Event build a positive community image?                          |  |                                       |  |
| What partnerships and/or collaborative efforts have been used for this Event? |  |                                       |  |
| What attendance tracking methods have you used or will you use?               |  |                                       |  |
| Where will the HCCVB logo be used within the Event's marketing materials?     |  |                                       |  |

## 2012 Co Op Advertising Application (continued)

|   |                      |                    |                    |
|---|----------------------|--------------------|--------------------|
| <b>How many overnight visitors are expected?</b>    | <b>2012 estimate</b> | <b>2011 Actual</b> | <b>2010 Actual</b> |
|   |                      |                    |                    |
| <b>How many daytrip or local visitors expected?</b> | <b>2012 estimate</b> | <b>2011 Actual</b> | <b>2010 Actual</b> |
|   |                      |                    |                    |

**Please circle the number of years your event has requested Hancock County Convention & Visitors Bureau Funds:**

1      2      3      4      5      6      7      8+

**If the Event's attendees are at least 30% from outside Hancock County:**

|   |  |
|---|--|
| What specific marketing activities are you doing to increase new tourism?                                     |  |
| If this event were to receive an additional \$2,000 for marketing expenses, for what would the funds be used? |  |
| What changes, if any, are being made to the Event to accommodate new visitors?                                |  |
| What new target markets/audiences do you think would be interested in attending this event and why?           |  |

Signature of Contact: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## 2012 Co Op Advertising Budget (3 pages)

### Revenues

- R1 Ticket Sales/Admission \$ \_\_\_\_\_
- R2 Advertising (i.e. sales of advertising spaces in event publications, etc.) \$ \_\_\_\_\_
- R3 Exhibits or other income \$ \_\_\_\_\_
- R4 Sponsorships/Donations: Total of all donations other than HCCVB Grant requested funds. Please list all additional sponsors below with the amount requested or secured. Please circle appropriately to indicate if the grant is only requested or has already been secured. Use additional pages, if necessary.

| Name and Address | Amount \$ _____ |           |         |
|------------------|-----------------|-----------|---------|
| _____            |                 | Requested | Secured |

|                  |                 |           |         |
|------------------|-----------------|-----------|---------|
| Name and Address | Amount \$ _____ |           |         |
| _____            |                 | Requested | Secured |

|                  |                 |           |         |
|------------------|-----------------|-----------|---------|
| Name and Address | Amount \$ _____ |           |         |
| _____            |                 | Requested | Secured |

|                  |                 |           |         |
|------------------|-----------------|-----------|---------|
| Name and Address | Amount \$ _____ |           |         |
| _____            |                 | Requested | Secured |

R4 Total Sponsorship before HCCVB Grant \$ \_\_\_\_\_  
(total of all above sponsorships)

R5 Requested HCCVB Grant amount \$ \_\_\_\_\_

R6 Total projected REVENUE for event (R4+R5) \$ \_\_\_\_\_

## Expenses

This section is to provide information about how funds will be spent. It should list only funds related to this particular project. If the project exceeds more than the grant plus match, include the total cost of the project. Use additional pages, if necessary.

|      |   |          |
|------|---|----------|
| E1   | Facilities                                  | \$ _____ |
| E2   | Contract/Professional Fees                  | \$ _____ |
| E3   | Supplies/Materials                          | \$ _____ |
| E4   | Equipment                                   | \$ _____ |
| E5   | Signage                                     | \$ _____ |
| E6   | Permits                                     | \$ _____ |
| E7   | Advertising/Media Buys                      | \$ _____ |
| E8   | Creative/production cost for Ad development | \$ _____ |
| E9   | Postage                                     | \$ _____ |
| E10  | Website                                     | \$ _____ |
| E11  | Printed Materials                           | \$ _____ |
| E 12 | Other: _____                                | \$ _____ |
| E 13 | Other: _____                                | \$ _____ |
| E 14 | Other: _____                                | \$ _____ |
| E 15 | Other: _____                                | \$ _____ |
| E 16 | <i>Total Event Cost</i>                     | \$ _____ |

## Balance

---

|    |                             |                           |
|----|-----------------------------|---------------------------|
| T1 | Total Revenue from Sources  | \$ _____<br>(Line R6)     |
| T2 | Total Event Cost            | \$ _____<br>(Line E16)    |
| T3 | Projected Net Event Revenue | \$ _____<br>(Lines T1-T2) |

## Requested Grant Funds from HCCVB

Please detail below the items for which you are requesting HCCVB grant funds. ***Receipts are required to be submitted to the HCCVB for all HCCVB funded expenses, and matching expenses, with Reimbursement Request.*** Please indicate the appropriate expense line for which these funds will be utilized followed by a short description. (see example) Prior to completing this section, please review the expenses eligible for funding.

| <u>Amount Requested</u>     | <u>Expense Line</u> | <u>Description</u>                              |
|-----------------------------|---------------------|---|
| <i>(example) \$1,000.00</i> | <i>E3-Brochures</i> | <i>Direct mail sent to surrounding counties</i> |

### **Reimbursable Expenses**

---

---

---

---

---

---

---

### **Matching Expenses (must equal at least the same amount being requested for Reimbursement)**

---

---

---

---

---

---

---

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, 2 pages.
- Completed Budget Worksheet, 3 pages.
- Supporting documents or other pertinent information for consideration, if applicable.

Return Completed Application to:  
Hancock County Convention & Visitors Bureau  
Attn: Marketing Co-op Program  
123 East Main Cross  
Findlay, Ohio 45840  
FAX: 419-422-9508 or  
EMAIL: info@visitfindlay.com