

**Cambridge/Guernsey County Convention and Visitors Bureau  
2020 Grants Assistance Program  
APPLICATION FOR FUNDING**

Please type or print clearly and complete all information. Additional pages may be used as necessary.

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Name of event, project or program:

Date of event, project or program:

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**Applying Organization**

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Name:

Address:

City/State/Zip:

Federal Tax ID#:

Provide proof of your not-for-profit status

Contact Person/Title:

Phone/Fax/Email:

Name of treasurer or fiscal agent responsible for event project finances:

Provide a list of members of the board of trustees/directors, if applicable:



## Marketing, Advertising and Promotion

Feel free to include samples of past promotional efforts and any resulting publicity.

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- Outline media plan (print, radio, tv, website)
  
- Outline plan to target areas outside Cambridge/Guernsey County
  
- Indicate how any flyers, posters and/or brochures may be distributed
  
- Indicate how a mailing may be used (number, distribution)
  
- Outline any additional marketing, advertising and promotion plans
  
- If you do not receive GAP funding, how will you accomplish your event, project or program?
  
- Is this an annual event, project, program?
- If yes, how many years has it been held?
- What was the overall budget for 2018\_\_\_\_\_ 2019\_\_\_\_\_?
- How much was spent on advertising in 2018\_\_\_\_\_ in 2019\_\_\_\_\_?
- Did you make a profit in 2018\_\_\_\_\_ in 2019\_\_\_\_\_?

1. All grant recipients will credit the Cambridge/Guernsey County VCB for their support by using the Bureau's logo, website address, and toll free number and the following copy in all printed materials and media. **Marketing material must be approved by the executive director of the VCB before printing to ensure the credit is correct.**

**“Supported by a grant from the  
Cambridge/Guernsey County Visitors & Convention Bureau”**

**Overall Budget**

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Income – Revenue & Support

Tourism Grant	\$
Other Support/Grants	\$
Revenue	\$
Other	\$

**Total Income: \$**

Expenses

Personnel	\$
Administration/Operations	\$
Outside Fees	\$
Marketing/Promotion*	\$
Other	\$

**Total Expense: \$**

**Amount of grant request: \$**

- Please indicate how GAP funds will be spent:

\*The final report must include:

1. sample advertisements placed using the Cambridge/Guernsey County logo and toll free number with the proper wording,
2. proof of payment,
3. paid invoices and copies of checks,
4. a written request for reimbursement to the Cambridge/Guernsey County VCB for review. 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.

**Applicant Signatures**

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Authorized Official's Signature

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Name	Title	Date
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Board President's Signature

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Name	Title	Date
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All applications must be in the Cambridge/Guernsey County VCB office by **February 7, 2020**.

Please mail or hand deliver to:

**Grants Assistance Program  
Cambridge/Guernsey County VCB  
627 Wheeling Ave., Suite 200  
Cambridge, Ohio 43725**