

**Cambridge/Guernsey County Convention and Visitors Bureau
2021 Grants Assistance Program
APPLICATION FOR FUNDING**

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

Name of event, project or program:

Date of event, project or program:

Applying Organization

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.

- 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 2019_____ 2020_____?
- How much was spent on advertising in 2019_____ in 2020_____?
- Did you make a profit in 2019_____ in 2020_____?

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

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

Authorized Official's Signature

| | | |
|------|-------|------|
| Name | Title | Date |
|------|-------|------|

Board President's Signature

| | | |
|------|-------|------|
| Name | Title | Date |
|------|-------|------|

All applications must be in the Cambridge/Guernsey County VCB office by **March 5, 2021**.

Please mail or hand deliver to:

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