



# Marketing Assistance Program

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### Check List for Application

- Completed Application
- Marketing Plan
- Expected Tools of Measurement
- Total Project Costs
- Media Schedule or Expected Reach
- Plan of Distribution
- Planned Sources of Funding (50% match)
- HHRVB paid partnership
- Nonprofit Tax Status Form (if applicable)

### SCOPE OF WORK

In 50 words or less please describe the overall scope of the proposed project

### OUTLINE OF FINANCING

If additional space is required please include attachments

Amount of Funding Request from HHRVB <i>(Budget)</i>	Projected Income Sources/Amount <i>(Match)</i>	Expenditures <i>(Cost Quotes)</i>

**EXECUTION** — By executing and submitting this Application, the Applicant acknowledges and agrees, upon award, to abide by all terms and conditions of the HHRVB Marketing Assistance Program Guidelines and to cooperate fully with all requests of HHRVB. Non-compliance or lack of cooperation as determined solely by HHRVB may result in suspension, revocation and/or repayment of the funds debarment from future funds, or other appropriate penalty.

On the basis of the foregoing information, and accompanying documents, this application is hereby submitted for consideration.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_