



Marketing Assistance Program

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)
- VHH paid partnership
- Nonprofit Tax Status Form (if applicable)

Name of Organization _____

Contact Person _____

Phone _____

E-mail _____

Address _____

City, State, Zip _____

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 VHH (Budget)	Projected Income Sources/Amount (Match)	Expenditures (Cost Quotes)

EXECUTION — By executing and submitting this Application, the Applicant acknowledges and agrees, upon award, to abide by all terms and conditions of the Visit Hershey & Harrisburg Marketing Assistance Program Guidelines and to cooperate fully with all requests of Visit Hershey & Harrisburg. Non-compliance or lack of cooperation as determined solely by Visit Hershey & Harrisburg 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 _____