

2020 CO-OP MARKETING FUNDING APPLICATION

Business Name: _____ Date: _____

Address: _____ Project #: _____

Contact Name: _____ Phone: _____

Email: _____ Mobile: _____

MARKETING INITIATIVE INFORMATION

Name: _____ Target Market(s): _____

Start Date: _____ Completion Date: _____

**TYPE OF
MEDIA:**

Print	Digital	Social	Web	Radio/TV	Content/Photo	Other

**DOES THIS
INITIATIVE:**

Foster New Products	Reach New Markets	Generate Overnight Stays	Encourage Visitation in Fall, Winter or Spring

Describe the marketing initiative for which you are seeking support: _____

Please provide detailed information on the media type, advertisement, its content, costs (not including taxes), deadlines and length of advertising initiative(s).

Project Gross Budget: \$ _____ **Funding Requested:** \$ _____

(Maximum of \$2,000, excluding taxes)

Description of Marketing Initiative(s) <i>(add sheet if required)</i>	Applicant – 50% Contribution	Funding – 50% Request	Total

Applicant Signature: _____ Date: _____

Funding Amount Approved: _____ Date: _____

TP Approval Signature: _____ Email your submission to jo.charnock@visitpenticton.com