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Ross-Chillicothe Convention and Visitors Bureau Brochure Program

The purpose of the RCCVB Brochure Assistance Program is to provide funding to non-profit/profit organizations, attractions, and individual events in the Chillicothe and Ross County area for promotion of a business, event, or program.

ELIGIBILITY

Non-profit/profit organizations, businesses, attractions, and special events are eligible to apply. All non-profit must provide proof of a 501C designation and a copy of the incorporation agreement must be made available upon request.

REQUIREMENTS/GUIDELINES

The following requirements must be met in order to apply/receive assistance from the program. Organizations, attractions, businesses, or individual special events who do not comply with these requirements may not be considered or receive promotional assistance:

1. Any non-profit/profit attraction, or special event may apply for assistance if the emphasis of the program is to increase tourism, by way of promotion, in and around the county. It is the responsibility of the non-profit/profit organization, attraction or event to state how it will result in a visitor staying overnight or extending their stay in Ross County and increase spending in all facets of the tourism industry. It must also state how the event will promote a positive image and increased visibility of the region's attractions, culture and heritage.
2. An invoice and/or receipt will be provided to the Ross-Chillicothe Convention and Visitors Bureau for monies received.
3. Applicants are required to cover at least 50% of the cost of the flyers or brochures and the RCCVB will provide up to 50%, annual maximum amount of \$250.00.
4. RCCVB's logo must be on the brochure or flyer.
5. A copy of the brochure or flyer must be provided to the RCCVB when finished.
6. A designated member of the event organization must sign for the monies received.

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Section 1: General Application Information (Attach additional sheets as needed.)

ORGANIZATION & EVENT /PROGRAM		
CONTACT PERSON (Name and Title)		
ADDRESS		
CITY	STATE	ZIP
PHONE	FAX	
E-MAIL	TAX I.D. #	
SIGNATURE	DATE	

AMOUNT APPLYING FOR:
PROGRAM/EVENT TITLE AND NARRATIVE DESCRIPTION:
HOW WILL THIS SPONSORSHIP FUNDING BE UTILIZED?
HOW WILL THIS SPONSORSHIP FUNDING DRIVE OVERNIGHT STAYS?

AMOUNT REQUESTED FROM RCCVB: \$ _____

Signature of Fiscal Agent: _____ Date: _____