

DMO Marketing Assistance Program

Contact Information

1. What DMO (Destination Marketing Organization) do you represent? *

2. Contact information: *

First Name

Last Name

Email Address

Contact
Phone

3. What is your Unique Entity ID?

4. Amount of Funds Requested *

5. Please provide additional justification if the default measure of harm does not encompass the total harm or negative impact inflicted upon your organization or municipality. Please include the amount, time period, and supporting documentation. A few examples might include a decrease in membership revenue, general city tax, advertising sales or gift shop revenue.

6. Upload supporting documents or reports here.

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7. In a few paragraphs, give a general explanation of how the funds will be used: include overall goals and objectives of the campaign, timelines, target audiences, general messaging, geographic markets, and what key performance indicators will be used to measure performance. *

8. Please submit an estimated budget for each year of the marketing plan. For a sample budget spreadsheet, please refer to the DMO Marketing Assistance Toolkit. *

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9. Will your DMO spend these relief funds in full by the final business day of each applicable calendar year? (See question 7 in the [FAQ.](#)) *

Yes

No

EXAMPLE