

Application Form - Downtown Cooperative Marketing Program (Round 2)

Primary Applicant Business #1 (must be located in downtown Syracuse):

Contact Name, Number, Email:

Business Social Media handle(s):

Participating Business #2 (must be located in city of Syracuse):

Contact Name, Number, Email:

Business Social Media handle(s):

Proposed Event/Promotion Name:

Event/Promotion Start Date & End Date:

Event/Promotion Description:

Why have your businesses partnered to produce this promotion?

Who is your target audience and how will they be reached?

How will this event/promotion help your businesses reach new audiences?

What short-term and long-term business impacts do you expect will result from this event/promotion?

Please provide a budget showing how you will utilize the \$500 if awarded:

** DSF will consider purchasing advertising space on social media, radio, print (including posters or banners), or other digital formats.*

I acknowledge that I have read and understand the Application Criteria outlined in the Program Overview.