

Application Form - Downtown Cooperative Marketing Program

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):

(Optional) Additional Participating Businesses:

Contact Name, Number, Email:

Business Social Media handle(s):

Proposed Event/Promotion Name:

Event/Promotion Start Date & End Date:

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 tell us about your marketing plan for this promotion: What advertising do you intend to pursue, what are the associated costs, where would you request the DSF direct its \$500 investment?

** DSF will consider purchasing advertising space on social media, radio, print or other digital formats.*

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