



Retail Co-Op Advertising Reimbursement Form

www.encyvermont.com
888-921-5990

Applicant Name: _____ Company Name: _____

Applicant Status (check one): Retailer Advertising Agency

Contact Name: _____ Telephone: _____

Company Address: _____

Fax: _____ E-mail: _____ Date Submitted: _____

Check Payable To: _____ Tax ID #: _____

| Type | # of placements | Media Outlet | Size of Ad | Run Date(s) | Cost |
|---------------------------------------|-----------------|--------------|------------|-------------|------|
| <input type="checkbox"/> Newspaper Ad | | | | | |
| <input type="checkbox"/> Magazine Ad | | | | | |
| <input type="checkbox"/> TV Ad | | | | | |
| <input type="checkbox"/> Radio Ad | | | | | |
| <input type="checkbox"/> Digital Ad | | | | | |
| <input type="checkbox"/> Direct Mail | | | | | |
| <input type="checkbox"/> Mail Stuffer | | | | | |
| <input type="checkbox"/> Insert/Flyer | | | | | |
| <input type="checkbox"/> Other | | | | | |

Reimbursement Rates:
50% of total ad cost up to \$1,500 per year for independently-owned or franchised retail locations. For corporately-owned retail locations, the limit is a total of \$4,000 per year across all retail locations.

| | |
|-------------------------|--|
| Total Cost: | |
| Co-Op Amount Requested: | |
| Co-Op Amount Approved: | |

I hereby apply for the reimbursement indicated above. I have read and understand the terms and conditions of the Efficiency Vermont Co-Op Advertising Guidelines and logo requirements, and agree to abide by them. I certify that all information provided on this form is true and correct to the best of my knowledge.

Applicant Signature:

Send completed form with copies of the ad and invoice via email to:

evtcoop@efficiencyvermont.com

Or mail to:

EVT Co-Op Advertising Coordinator
Efficiency Vermont
128 Lakeside Ave., Suite 401
Burlington, VT 05401

Fax: 802-658-1643
E-mail: evtcoop@efficiencyvermont.com