



ADVERTISING ASSISTANCE GRANT PROGRAM

PROGRAM OBJECTIVES:

The Advertising Assistance Grant Program (AAGP) goal is to help businesses and merchants by providing monetary reimbursement for advertising campaigns.

TARGET AREA:

The target area for this program is contiguous with the boundaries of the *Downtown West Allis* Business Improvement District. (See Map Below)

TYPE OF SUBSIDY:

The AAGP will reimburse for up to one-half of the total advertising campaign with a Maximum cap of \$800.

ELIGIBILITY REQUIREMENTS:

Any active businesses physically located within the Downtown West Allis Business Improvement District, and have not received funds from this program within the last two years is eligible to apply.

HOW TO APPLY:

- Advertising Assistance Grant requests must be in writing, and fulfilling all application requirements **(available on this website or at the BID office).**
- AAGP applications must be submitted by the 2nd Friday of each month.
- Grant requests must be approved by the Board of Directors of the *Downtown West Allis, Inc.*, based upon recommendation from the Promotions Committee of the BID.

SPECIAL NOTICE:

- 20% of each advertising campaign presented must contain or mention the DWA, its location and website address. This information will be provided to you by the DWA office.
- Multiple businesses who reside in the same address location will be considered one ad/application.
- All grants will be limited by the amount of money remaining in the Annual Operating Budget for this purpose.
- If a business decides to pursue multiple forms of advertising they must submit multiple applications.
- Only one (1) business in a multi-business campaign can apply for the Advertising Assistance Grant Program for that campaign.





Advertising Assistance Grant Program Application

This form will be used throughout the application process. Fill it out completely and return it to
Downtown West Allis, INC. located at 7231 W. Greenfield Ave West Allis, WI 53214.

You may also fax it to us at (414) 774-7728.

If you have any questions feel free to call us at (414) 774-2676.

Business Name

Business Address

Applicant Name

Phone Number

Fax Number

E-Mail

Please mark what type of Advertising campaign you will be using

Print

Radio

Television

Direct Mail

Internet

Other

Please Describe
your advertising
campaign. (Use a
second page if
needed)

What is the estimate cost of this campaign?

Don't forget to include the following with this application! (Mark them off as you acquire them)

An Estimate, showing costs, when, and where the advertisement(s) will take place

Completed Ad proofs in the appropriate media formats for all of the advertisement (e.g. print for print ads, videos for TV ads, CD's for radio ads.) *These proofs will be kept by the BID for reference by the board of directors, examples for other merchants, and record keeping by the BID. Please make sure to supply enough copies.

AFFIDAVIT

Whereby apply for the reimbursement of grant up to 50% of costs with a Maximum payout of Eight-Hundred Dollars (\$800). I understand that the grant funds are part of the Downtown West Allis, Inc. Advertising Assistance Grant Programs, and I agree to comply with the regulations of that program. I further agree that, if my application is approved, I will not re-apply for this grant for a period of two years from the date I receive the reimbursement grant unless I obtain written approval from the Downtown West Allis Business Improvement District Board of Directors.

Signature of Applicant/Business Owner

Date

Do Not Fill Out Below This Line! For Office Use Only!

Date Presented to Committee

Date Voted Upon

Approved/Denied

Committee
Notes

Amount to be Reimbursed

Reimbursement Date

Check Number