



www.efficiencyvermont.com
888-921-5990

Commerical Co-Op Advertising Reimbursement Form

Applicant Name: _____ Company Name: _____

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					

Distributors and suppliers who complete a commercial or industrial project with Efficiency Vermont in the past two years may be reimbursed up to 50% of the cost of a pre-approved ad, up to \$1,000 per year per independently owned or franchised location. For partners with multiple locations, the limit is up to \$1,000 per ad, totaling no more than \$4,000 per year. Funding is limited and provided on a first-come, first-served basis.

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