



**ButtonUp**  
Vermont

# Co-Op Advertising Reimbursement Form

Funding is available to help promote Button Up Vermont and/or weatherization. Partners may be reimbursed to help cover the cost of an advertisement or event supplies.

Applicant Name: \_\_\_\_\_ Organization Name: \_\_\_\_\_

Contact Name (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Check Payable To: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

| Type                                    | # of placements | Media Outlet | Size of Ad | Date(s) | Cost |
|-----------------------------------------|-----------------|--------------|------------|---------|------|
| <input type="checkbox"/> Newspaper Ad   |                 |              |            |         |      |
| <input type="checkbox"/> Digital Ad     |                 |              |            |         |      |
| <input type="checkbox"/> Radio Ad       |                 |              |            |         |      |
| <input type="checkbox"/> Insert/Flyer   |                 |              |            |         |      |
| <input type="checkbox"/> Event Supplies |                 |              |            |         |      |
| <input type="checkbox"/> Other          |                 |              |            |         |      |

Send completed form with copies of the invoice or proof of purchase (and ad, if applicable) to ButtonUp@EfficiencyVermont.com or mail to:

Efficiency Vermont  
Attn: Button Up  
20 Winooski Falls Way, 5th floor  
Winooski, VT 05404

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

Eligible partners will be reimbursed up to \$100 per calendar year for promoting weatherization and/or Button Up Vermont. Reimbursement requests will be processed within 60 days. Funding is limited and provided on a first-come, first-served basis. Subject to change without notice.

*I have read and understand the terms and conditions, 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