

DOVER ADVERTISING SUPPORT PROGRAM

DASP

Application

Date		Cell #	
Name		Fax #	
Business Name		Email	
Business Address		Web Address	
Tel. #		Tax ID #	

Advertising Budget Request (Not to exceed \$6,000 total. Reimbursement based on available funds at the time of application submission):

Qtr 1 (Jul-Sep)		Qtr 2 (Oct-Dec)		Qtr 3 (Jan-Mar)		Qtr 4 (Apr-Jun)	
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Describe your promotional plan in detail. Please include a time table if the advertising plan spans several quarters. Note specific media avenues planned.