



DEPARTMENT OF ECONOMIC DEVELOPMENT

Enterprise Zone Program — Marketing Support Grant

VENDOR INFORMATION SHEET

Attachment for Marketing Support Grant — Additional Vendors

Complete one copy of this sheet for each marketing vendor beyond the primary vendor listed on the main application. Attach as many copies as needed.

Table with 2 columns: Label (Business Name, Grant Application Reference #, Vendor Sheet #) and empty input field.

VENDOR INFORMATION

Table with 2 columns: Label (Vendor Name, Is this vendor Staunton-based?, Vendor Street Address, Vendor City / State / Zip, Vendor Phone, Vendor Email, Vendor Website, Vendor Point of Contact) and empty input field.

SERVICES & COST

Table with 2 columns: Label (Describe the marketing services..., Total Cost for This Vendor (\$), Anticipated Service Dates) and empty input field.

Reimbursement Rate for This Vendor: [] Staunton-based vendor — 100% reimbursement rate applies [] Out-of-area vendor — 50% reimbursement rate applies Grant Amount Requested for This Vendor: \$ _____

REQUIRED DOCUMENTATION FOR THIS VENDOR

Attach the following for this vendor:

- Vendor quote or proposal
- Signed vendor contract or agreement (if available at time of application)
- Sample work or portfolio (if applicable)

Authorized Signature (must match main application):

Signature	
Printed Name	
Date	