**Local Marketing Collaboration Qualification Form**

This form is for the Local Marketing Collaboration category under the Co-Op Program. Participating franchises must collectively plan, execute, and invest in marketing initiatives to uplift the ServiceMaster Restore brand in their local market.

**Section 1: Participating Enterprises**

1. **List of Participating Franchises:**
	* Franchise 1:
		+ **DBA:**
		+ **Enterprise Number:**
		+ **Point of Contact Name:**
		+ **Point of Contact Email:**
		+ **Point of Contact Phone Number:**
	* Franchise 2:
		+ **DBA:**
		+ **Enterprise Number:**
		+ **Point of Contact Name:**
		+ **Point of Contact Email:**
		+ **Point of Contact Phone Number:**

*(Add more as needed)*

1. **The Lead Franchise is:**

**Section 2: Contribution Plan and Investment Breakdown**

1. **Proposed Contribution Amounts:**
	* Franchise 1: $\_\_\_\_\_\_
	* Franchise 2: $\_\_\_\_\_\_
	*(Add more as needed)*
2. **Total Estimated Investment:** $\_\_\_\_\_\_
3. **Brief Description of Investment (e.g., billboard, event sponsorship, etc.):**

**Section 3: Campaign Scope and Purpose**

1. **Campaign Description:**
	* Purpose and Objectives:
	* Target Audience:
	* Expected Outcomes:
2. **Timeline:**
	* Start Date: \_\_\_\_\_\_
	* End Date: \_\_\_\_\_\_

**Section 4: Disclaimers and Acknowledgments**

By submitting this form, you agree to the following:

1. To qualify for this category, **two or more franchises** within the same market must be involved.
2. To qualify for this category in digital marketing, franchises are required to work with Blueprint.
3. The **lead franchise** is responsible for:
	* Submitting the application and all necessary tracking documents.
	* Collecting and submitting receipts.
4. All **points of contact** from participating franchises will be copied on email approvals and notifications from the Co-Op administrator to maintain transparency.
5. Your application may be subject to random audits, which could include requests for:
	* Vendor communications
	* Contracts
	* Supporting materials to verify proper fund usage and distribution

**Section 5: Authorization and Agreement**

I acknowledge that the information provided is accurate and that all participating franchises agree to the terms of the Local Marketing Collaboration category.

**Lead Franchise Representative Name:**
**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_

**Participating Franchise Representative Names:**

1. Franchise 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_
2. Franchise 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_
*(Add more as needed)*