**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)*