

1. Who is submitting this application? *Name, Email*
2. What is the name of your organization? Please include a link to your website.
3. Tell us about your organization and its mission. How does your work contribute to strengthening North Carolina?
4. Why are you applying for the CapB Amplifier? How does this program accelerate your goals?
5. Can you commit staff, time and funding to this partnership? *Yes/No*
6. Summarize your current marketing strategy. If you don't have one, what are the things you believe you should be doing?
7. How will you measure the success of this partnership? Please describe metrics or KPIs.
8. What is your anticipated timeline for this partnership?
9. What level of marketing investment are you prepared to commit? *scale*
10. Are you able to provide proof of funding? Ex: PO #, check, credit check *Yes/No*
11. Is there anything else the selection committee should know?
12. Please confirm: My organization is prepared to invest at least \$30,000 in a CapB campaign. And I understand that the \$30,000 minimum cannot include PPC, social media or other pass-through costs. *Confirm*
13. Please confirm: I understand that match funds are provided as CapB services and advertising inventory, not cash. *Confirm*
14. Do you accept and agree with the program requirements, as posted here:
[CapB Amplifier Terms](#)
I accept/I do not accept