



Regional Marketing & Matching Funds Program

APPLICATION

FY 2023-2024

Must be postmarked by June 1, 2023

Director's Signature \_\_\_\_\_ Federal Identification Number (Required) \_\_\_\_\_

(Please submit proof of non-profit status--applicant and name on non-profit documents must match, W-9 and Affidavit)

Applicant \_\_\_\_\_

Director (Must match Director's Signature) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State Kentucky Zip \_\_\_\_\_ County \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Cost of All Projects Listed: \$ \_\_\_\_\_

Regional Marketing & Matching Funds Request \$ \_\_\_\_\_

-- Do Not Write in This Section--

Date Received: \_\_\_\_\_

Co-op Percentages:

90% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Non-Co-op Percentages:

50% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Convention Bid Fee for Room Nights 80% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Bid Fee to Bring NEW Event to county 70% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Approved Funding Amount \$ \_\_\_\_\_

Program Manager's Signature \_\_\_\_\_

Adjustment(s) made to originally submitted amount(s) due to: \_\_\_\_\_

\_\_\_\_\_