



Regional Marketing & Matching Funds Program

APPLICATION

FY 2024-2025

Must be postmarked by June 1, 2024

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: _____