



REGIONAL MARKETING & MATCHING FUNDS PROGRAM

Reimbursement Request – Second Cycle (January – June 2025)

Fiscal Year 2024-2025

Must be postmarked by August 1, 2025

Director's Signature _____ Federal Identification Number (Required) _____

Applicant _____

Director Name _____

Address _____

City _____ State Kentucky Zip _____ County _____

Telephone Number _____ E-Mail Address _____

Tourism Region:

☐ Western Lakes & Rivers Region

☐ Louisville Lincoln Region

☐ Bluegrass Region

☐ Green River Region

☐ Southern KY Vacations

☐ Eastern Highlands North Region

☐ Cave Region

☐ Northern Kentucky Region

☐ Eastern Highlands South Region

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 \$ _____ = \$ _____

Amount Reimbursed \$ _____

Contract Number PON _____

Agency Number _____

Program Manager's Signature _____

Payment # _____

☐ Adjustment(s) made to originally submitted amount(s) due to:
