



REGIONAL MARKETING & MATCHING FUNDS PROGRAM

Reimbursement Request – First Cycle (July – December 2024)

Fiscal Year 2024-2025

Due February 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
- Green River Region
- Cave Region
- Louisville Lincoln Region
- Southern KY Vacations
- Northern Kentucky Region
- Bluegrass Region
- Eastern Highlands North Region
- Eastern Highlands South Region

Cost of All Projects Listed: \$ _____

Regional Marketing & Matching Funds Request \$ _____

Date Received: _____

-- Do Not Write in This Section--

Percentages:

90% \$ _____ =\$ _____

50% \$ _____ =\$ _____

Convention Bid Fee for Room Nights 80% \$ _____

New Event Bid Fee/Sponsorship 70% \$ _____

Amount Reimbursed \$ _____

Contract Number PON _____

Agency Number _____

Program Manager's Signature _____

Payment # _____

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