



Regional Marketing & Matching Funds Program

APPLICATION

FY 2025-2026

*Must be postmarked by June 1, 2025*

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: \_\_\_\_\_

\_\_\_\_\_