



**TOURISM MARKETING INCENTIVE PROGRAM**  
**Reimbursement Request – First Cycle (July-Dec)**  
**FY 2019-2020**

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: \$ \_\_\_\_\_

Tourism Marketing Incentive Funds Request \$ \_\_\_\_\_

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

**-- Do Not Write in This Section--**

**Co-op Percentages:**

CVB - 90% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Special Publications Offered**

75% \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Non Co-op Percentages:**

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

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

New Event Bid Fee/Sponsorship 70% x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Amount Reimbursed \$ \_\_\_\_\_

Contract Number PON \_\_\_\_\_

Agency Number \_\_\_\_\_

Vendor Number \_\_\_\_\_

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

Payment \_\_\_\_\_

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

\_\_\_\_\_