



**REGIONAL MARKETING & MATCHING FUNDS PROGRAM**

**Reimbursement Request – First Cycle (July-Dec)**

**FY 2020-2021**

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 \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ **-- Do Not Write in This Section--**

**Percentages:**

100% x \$ \_\_\_\_\_ =\$ \_\_\_\_\_

Amount Reimbursed \$ \_\_\_\_\_ Contract Number PON \_\_\_\_\_

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

Program Manager's Signature \_\_\_\_\_ Payment # \_\_\_\_\_

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

\_\_\_\_\_