



REGIONAL MARKETING & MATCHING FUNDS PROGRAM

Reimbursement Request – First Cycle (July – December 2025)

Fiscal Year 2025-2026

Must be postmarked by February 1, 2026

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

Applicant _____

Director Name _____

Address _____

City _____ State Kentucky Zip _____ County _____

Phone 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:

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:
