



REGIONAL MARKETING & MATCHING FUNDS PROGRAM

Reimbursement Request – Second Cycle (January – June 2026)

Fiscal Year 2025-2026

Must be postmarked by August 1, 2026

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

**-- 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 \$ \_\_\_\_\_ = \$ \_\_\_\_\_

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

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

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

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

Payment # \_\_\_\_\_

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

\_\_\_\_\_