



**JACKSONVILLE ADVERTISING & PROMOTION COMMISSION FUNDING REQUEST FORM**

1. Date of request: \_\_\_\_\_
2. Amount of Request: \$ \_\_\_\_\_
3. Anticipated date needed: \_\_\_\_\_
3. Name of Organization: \_\_\_\_\_
4. Name of Event: \_\_\_\_\_
5. Date & Location of the Event: \_\_\_\_\_
6. Contact Name & Title: \_\_\_\_\_
7. Contact telephone number: \_\_\_\_\_
8. Email address: \_\_\_\_\_
9. Website: \_\_\_\_\_
10. Tax ID number: \_\_\_\_\_
11. Type of organization: Non-profit\_\_ Civic Club \_\_ Private \_\_ Corporation \_\_  
Government \_\_ Religious \_\_ Educational \_\_ Other \_\_
12. Description of the event or purpose for request.
13. If funding is approved, what will the funds be used for?
14. If funds are being requested for advertising an event, would you prefer to self-advertise the event or to utilize the Commission's advertising agency?
15. Describe the potential economic impact to Jacksonville.
16. What other sources of revenue are anticipated for this project? (ticket sales, concessions, grants)
17. Will there be other sponsors? What will be their involvement? (funding, door prizes, etc.)
18. Are other funding sources being explored? Is so, explain:
19. When can this project be expected to become self-supporting?
21. Please provide a detailed copy of the event budget.
22. Has the Commission previously funding the project? If so, please provide a detailed revenue and expenditures report from the previous year.

**Organizations receiving support or funding by the Jacksonville Advertising and Promotion Commission will credit the Commission in a manner approved by the Commission.**

**Funds not utilized for the intended purpose to which approved are to be refunded.**