



**Funds not utilized for the intended purpose to which approved are to be refunded.  
JACKSONVILLE ADVERTISING & PROMOTION COMMISSION FUNDING REQUEST FORM**

1. Date of request: \_\_\_\_\_
2. Amount of Request: \$ \_\_\_\_\_
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. Tax ID number: \_\_\_\_\_
10. Type of organization: Non-profit: \_\_ Corporation: \_\_ Government: \_\_ Other: \_\_
11. Description of the event or purpose for request.
12. If funding is approved, how will the funds be used?
13. Describe the potential economic impact to Jacksonville.
14. What other sources of revenue are anticipated for this project? (ticket sales, concessions, grants)
15. Will there be other sponsors? What will be their involvement? (funding, door prizes, etc.)
16. Will there be additional funding sources? Is so, explain:
17. Please provide a detailed copy of the event budget.
18. Has the Commission previously funding the project? If so, please provide a detailed revenue and expenditures report for the previously funded event.

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