



# ADVERTISING & PROMOTION COMMISSION FUNDING REQUEST

Date of Application

Name of Organization/Event

Contact Person

Address

City

State

Zip

E-mail

Phone Number

Purpose of Event

Proposed use of funds generated by organization /event

Period of operation or event date

Location of Event

Brief Background of organization & History of event

Expected visitor draw (radius/mileage)

Prior year visitor count (radius/mileage) & how derived

Host hotel(s)

Number of anticipated rooms or rooms reserved

**Funding Request**

Amount

What funds will be used for

Will your project/event influence visitors from outside Johnson, Franklin, Logan, Madison, Newton & Pope counties:

If yes, what is your estimate of number of visitors

Yes      No

**Please attach the following (check when attached):**

Marketing Plan: Advertising, public relations, sales and whether in-kind donation or purchased.  
Anticipated media exposure.

Marketing plan budgets: Advertising, public relations, sales, include prior year budget and expenditures (All funding sources)

Description of potential economic impact to your organization

Description of potential economic impact to local tourism related businesses, including restaurants & lodging

Description of potential economic impact to the community in general

Description of methods you plan to use to track the overall economic impact to each

Describe how event will be altered if CAPC funding is not secured.

Full financial disclosure of all revenues and expenses of the special event

Full financial disclosure of the requesting organization's regular annual budget will be made available upon request