

**ARKANSAS DEPARTMENT OF PARKS AND TOURISM
 REGIONAL TOURIST ASSOCIATIONS
 MATCHING FUND APPLICATION
 REQUEST FOR PAYMENT**

NOTE: Please consult check-off list prior to completion of this form. Use additional pages if necessary.

Date: _____

Name of Association: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

The above Regional Tourist Association, having been duly recognized by the State Parks, Recreation and Travel Commission as the Regional Tourist Promotion Agency for the region composed of the following counties:

_____ hereby makes application for a matching fund grant under the provisions of Act 310 of 1969 as amended by Act 336 of 1973 and Act 281 of 1975, for the following project(s) which have been listed in our approved advertising proposal.

<u>Project</u>	<u>Total Cost of Project</u>	<u>Matching Share</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Total Cost of Projects \$ _____

Amount of Matching Funds Claimed on this Application \$ _____

This is to CERTIFY that the above listed projects have been completed and at least one-third (1/3) of the invoice amount has been paid up to the amount necessary to receive maximum funds and that signed receipts from the vendors, and photocopies of our canceled checks, front and back, are attached as proof of payment.

 President (signature)

 Secretary-Treasurer (signature)

