

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

Date: \_\_\_\_\_

Region  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, Arkansas ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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>2/3 Matching Share</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Cost of Projects.....	\$ _____	
Amount of Matching Funds claimed on this application.....		\$ _____

\_\_\_\_\_ \*\* Advertising Committee Chairperson (signature)

\_\_\_\_\_ \*\* President or Treasurer (signature)

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