

Berea Tourism Commission
Marketing Reimbursement Request Guidelines
Fiscal Year 2025-2026
(July 1, 2025-June 30, 2026)

Overview

The Berea Tourism Commission offers a matching funds program available to new tourism venues, events, projects and/or attractions or to provide support to existing ones.

Applicants must be made in keeping with the Commission's Mission statement: *The Berea Tourism Commission promotes and sustains community and economic development through the recognition and utilization of the City's unique cultural assets, including its designation as the Folk Arts and Crafts Capital of Kentucky.*

In summary, applications must involve the promotion, marketing, and/or development of tourist and/or convention activities in Berea. Due to budget constraints, the Commission will issue awards which will not exceed \$2000. However, the Commission reserves the right to adjust the award amount. Without exception, successful project applicants must agree to have their project completed by June 30, 2026.

Eligibility Requirements

1. The tourism or convention event, project or attraction must be located in Berea, and/or
2. Matching funds must be used to promote tourism and/or convention business in Berea.

Grant Guidelines

1. All proposals must be submitted in writing to the Berea Welcome Center, ATTN: Marketing Reimbursement Request, 3 Artist Circle, Berea, KY 40403.
2. All awards are subject to the discretion of the Commission.
3. The Commission may contact individual organizations with questions or to schedule an appointment.
4. The Commission requires a match for the grant and project must be complete and receipts returned before match is available.
5. Amounts awarded for this fiscal year are not guaranteed for approval in next fiscal year.
6. Funded projects must be completed by June 30, 2026.

7. The disbursement of funds will occur after a signed copy of the application has been received, the request for funds approved by the Tourism Commission, the receipts, invoices, cancelled checks and other financial documents for the project are submitted and project is complete. The signatory should be the Director, or Project Manager.
8. Recipients must agree to place the Berea Tourism logo on **ALL associated printed/promotional materials**, unless otherwise noted. Tourism staff will review promotional materials using the Berea Tourism logo prior to the event occurring, when possible.

**Berea Tourism Commission Matching Funds Request Form
Event / Project Application**

(Circle when given options – attach extra page if needed to answer any questions /refer to question number when answering)

1. Event / Project Name: _____

2. Coordinator / Contact Person: _____

Address: _____

Phone #: _____ Cell #: _____

Fax#: _____

E-mail: _____

Website: _____

Tax Status: Gov. Non-profit Tax ID#: _____

3. Dates and Time of Event / Project: _____

4. Location of Event / Project: _____

5. How much money are you requesting for this application? _____

6. How will the matching funds be used? **Be specific.**

- A _____

_____ \$ _____

• B _____

_____ \$ _____

• C _____

_____ \$ _____

• D _____

_____ \$ _____

7. Attach financial statement of Event / Project.
(Projected Budget and Last year's Budget if repeat Event / Project)

8. Brief description of project (if more space for detailed needed please attach)

9. Project goals:

• A _____

• B _____

• C _____

• D _____

• E _____

10. Who are your financial partners/sponsors? (Other than Berea Tourism)
(Applicant must supply commitment letter from partners.)

11. **List all** In Kind support: _____

12. How many people do you expect to attend and/or participate? _____

13. How will this project benefit tourism in Berea? _____

14. How will this event increase visitation to Berea?

15. How will this event increase overnight stays in Berea?

16. How will this event/project permit Berea citizens to have opportunities to participate?

17. How will this event/ project expand the Berea tourism experience? _____

18. Do you have evening activities for event / project? List:

19. Who is the intended market? Included age of group targeted.

20. What is the projected economic impact for Berea? \$ _____

If this is a reoccurring event, please answer the following:

21. Attendance numbers at last event _____

22. % of attendance from 50 miles away _____

23. # of years event has been held _____

Follow up Requirements:

Must Complete Berea Tourism Commission Follow up Grant Request Requirements:

Please submit copies of the following to: Berea Welcome Center, ATTN:
Marketing Reimbursement Request, 3 Artist Circle, Berea, KY 40403.

- Economic Impact figures, Comparison of Economic Impact Figures to previous years for event / project.
- Financial Statements reflecting actual cost of this fiscal year's event / project.

- Attendance numbers and/or participants - including local and non-local breakdown. Attendance numbers and/or participants including breakdown by day or sub-event.
- Any other research on your tourism event/ project.
- A copy of promotional materials indicating the Berea Tourism logo must be submitted.

Signature _____
Date

Commission use only:

Berea Tourism Commission Action Taken

Amount Granted \$ _____ Date: _____

Granted For:

In-kind granted: _____

_____ Reason(s) not approved:
