



FUNDING APPLICATION

2025 Funding Cycle

IMPORTANT!! IMPORTANT!! IMPORTANT!! IMPORTANT!!

Please be sure to read the Funding Information prior to completing this application. Requests for the 2025 Funding Cycle must be submitted on the official application and received no later than 3:00PM on Friday, October 18, 2024. Final approval of requests will be by vote of the Commission.

Submit applications to:

Email:

sstorie@ExplorePineBluff.com

In-Person:

623 S. Main Street
Pine Bluff, AR 71601

Postal Service:

Pine Bluff Advertising and Promotion Commission
P.O. Box 9047
Pine Bluff, AR 71611

**Applications received after the deadline date and time WILL NOT be considered.
NO EXCEPTIONS**

2025 APPLICATION FOR FUNDING

REQUESTING ORGANIZATION:

Name of Organization_____

Address_____

City/State/Zip_____

Tax ID#_____

Is this organization a(n):

- Incorporated non-profit under Section 501 (c) (___)
- Governmental entity
- Other

Contact Information:

Primary Contact Person_____ Title_____

Cell Phone _____ Work Phone_____

Email Address_____

Alternate Contact Person_____ Title_____

Cell Phone _____ Work Phone_____

Email Address_____

Current officers:

Chairman / President_____

Vice Chair / Vice President_____

Secretary / Treasurer_____

EVENT DETAILS:

Funding Category as defined in Guidelines for Funding Requests (mark all that apply):

Year-Round Funding

Advertising and Publicity

Event Operation Expenses

Seed Money

Other Please explain in description of event below)

Name of Event: _____

Date(s) of Event: _____

Date expenditure of funds will begin: _____

Number of years the event has been held: _____

Location of the event: _____

Description of event: _____

FINANCIAL INFORMATION:

Amount Requested: \$_____ Total Budget for Event: \$_____

Total Advertising Budget: \$_____ Ticket Price: \$_____

Please list all additional potential/secured sponsors for this event (add additional page, if necessary):

Sponsor: _____ Amount of Sponsorship: \$_____

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If this event generates a profit, what will the profits be used for?

Please attach a copy of the completed budget for this project. (A budget template is included on the last page of the application, if needed.) Full financial disclosure of all revenues and expenses must be provided. Please specifically detail what items will be covered by A&P funds.

ECONOMIC IMPACT INFORMATION:

Please note that all estimates need to be as accurate as possible. We will request verification in the Follow-Up Report. In the event of significant discrepancies, funds may be requested back, and future funding requests may not be considered.

Please describe the potential economic impact to local businesses, specifically hotels, restaurants and shopping:

Please Provide Estimates Below:

Number of visitors from the Pine Bluff area: _____
(Visitors that will come to Pine Bluff but will not require an overnight stay)

Number of visitors from OUTSIDE the Pine Bluff area: _____
(Visitors that will come to Pine Bluff and have the potential to stay overnight)

What methods do you plan to use to track overall economic impact within the city of Pine Bluff?

Use Space Below for any additional information or comments you would like to share or attach a separate sheet:

Please attach the following REQUIRED documentation:

- List of all current board members for the organization.
- Non-profit organizations: Two most recent years IRS Form 990.
- Governmental Entities/Other: Two most recent years of year-end financial statements; copy of audit, if applicable.
- Articles of Incorporation, if applicable.
- Proposed budget.
- Proposed itemization of exact use of A&P funds.
- If event was previously held with the support of A&P funds, a copy of the Follow-Up Report MUST be on file with the A&P office. This report is required to be completed and turned in within 30 days of the event.

PLEASE NOTE THAT THE ABOVE ITEMS ARE REQUIRED.

By signing below, I acknowledge that I have prepared this request with correct information to the best of my knowledge. I also agree that I have read the *Guidelines for Funding Request* and agree to abide by those guidelines. I also agree to provide a follow-up report within 30 days of completion of the event.

By signing below, I also acknowledge that I indemnify the Pine Bluff Advertising and Promotion Commission, and the City of Pine Bluff of any liability associated with the organization or event.

Organization's Chairman / President _____

Date _____

Organization's Secretary _____

Date _____

Return this completed form and supporting documentation to:

Mail:

Pine Bluff Advertising and Promotion Commission
P.O. Box 9047
Pine Bluff, AR 71611

Email:

sstorie@ExplorePineBluff.com

In-Person:

623 S. Main Street
Pine Bluff, AR 71601

EVENT BUDGET PLANNER

Please complete this Event Budget Planner for your proposed event and submit with application.

ORGANIZATION/EVENT NAME: _____

EVENT DATE: _____ **LOCATION:** _____

ESTIMATED INCOME

A&P GRANT	\$ _____
CO-SPONSORSHIPS	\$ _____
TICKET SALES	\$ _____
CONCESSION SALES	\$ _____
T-SHIRT, ETC. SALES	\$ _____
OTHER INCOME	\$ _____
TOTAL INCOME	\$ _____

ESTIMATED EXPENSES

FACILITY RENTAL	\$ _____
AUDIO/VISUAL	\$ _____
EQUIPMENT RENTALS	\$ _____
CONCESSION COSTS	\$ _____
ENTERTAINMENT/SPEAKER	\$ _____
SECURITY	\$ _____
BOX OFFICE	\$ _____
TRANSPORTATION	\$ _____
ADVERTISING	\$ _____
EVENT PROGRAMS	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL EXPENSES	\$ _____

NET PROFIT/(LOSS) \$ _____