



Cabot A & P Commission

110 S First Street; Cabot, AR 72023
PO Box 9668; Conway, AR 72033
P: 501.843.2136 / F: 501.843.1861

Advertising and Promotion Commission Application for Funding

This Application must be completed in full and submitted with all applicable documents and information. If this documentation and information is not provided, it will be deemed incomplete and will not be considered.

The Cabot Advertising and Promotion Commission (A&P Commission) has a funding program where entities may apply for grant monies from the A&P Commission to help offset the cost of their event or program. The primary purpose of this program is to promote the City of Cabot and attract visitors from outside the Cabot area. Entities awarded funds must follow all A&P Commission guidelines and requirements to receive allocated dollars.

Recognition: Entities receiving funding from the A&P Commission are required to include the "Cabot Advertising & Promotion Commission" logo on all printed material. Any other use of the logo shall not be used without express consent from the A&P Commission.

Availability: Funding is subject to availability of funds.

Year-to-Year Support: Past support does not obligate the A&P Commission to continue support in subsequent years. Entities should not assume nor budget A&P support annually.

Economic Impact: The purpose of the A&P Commission is to promote the City of Cabot. It is important for the applicant to provide insight to the proposed event's economic impact to the City of Cabot.

Debts: It is the sole responsibility of the requesting organization to properly plan their event or project and manage their funds in a manner that demonstrates both fiscal accountability and management responsibility. The A&P Commission will not "bail out" events that incur losses.

Indemnification: Organizations agree in writing to indemnify the A&P Commission of any liability associated with the organization or event.

Freedom of Information Act: The applicant must acknowledge understanding that any support from the A&P Commission is subject to the Freedom of Information Laws as stated in The Arkansas Freedom of Information Act.

Written Application and Supporting Documents: All requests must be submitted using this Application. Additional documentation and information are required as stated in this Application. If this Application is incomplete, the funding request will not be considered.



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REQUEST FOR FUNDING

DATE SUBMITTED: _____

AMOUNT REQUESTED: _____

Name of Organization: _____

Contact Person: _____ Alternate Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Email: _____ Cell: _____

Is this a non-profit organization? _____ Non-profit Tax ID#: _____

Is this group incorporated? _____ Legal Name: _____

Number of years of Organization in existence: _____

Current Officers: _____

Event/Project Information

Event/Program Title: _____

Amount Requested: _____ Start Date: _____ End Date: _____

Location of Event or Program: _____

Projected Attendance: _____ Is this a first-time event? _____ yes _____ no

Number of years the event or program has occurred? _____

Projected Economic Impact of Event/Program on Community: _____

Project Summary

Please describe your event or program on a separate sheet. The summary must include the following:

- Background of your organization and include its purpose.
- A Summary of the event or program and its target audience.
- An explanation of how the funding will directly promote tourism and economic development in Cabot, Arkansas.
- If the event or program is not funded or partially funded, describe the impact this will have on the event or program.

(cont.)



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Documents and other Information to be Provided

Each applicant must provide the following documentation and information:

- A financial statement as of the most recent fiscal year-end.
- A five-year history of the amounts and uses of funds received from the A&P Commission, including results and benefits.
- Status of any unspent Advertising and Promotion funds.
- A Budget Summary form, as attached, to include additional/matching fund sources and sponsors.

I acknowledge I am responsible for providing the Advertising and Promotion Commission a budget recap and verifiable invoices within 30 days of the event if I am funded.

_____Initial Here

Approved by A&P Commission:_____Amount Funded:_____Date Received:_____
Check Number:_____Recap/Verification of Expenditures Provided After Event:_____



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Requesting Organizations Agreement

It is agreed that, if this Application is granted in full or in part, our organization will adhere to the following:

- Provide a written summation of the event or attraction within 90 days of completion which shall include an attendance and a financial report. This information is subject to the Freedom of Information Act.
- Provide additional information as required by the Cabot, Arkansas Advertising and Promotion Commission.

We, _____ (requesting organization) agree to release the Cabot, Arkansas Advertising and Promotion Commission, its Commissioners and associates, from any liability related with the organization and/or event for which funds are being requested.

It is agreed that no entity or organization is entitled to funding. The decision of the Advertising and Promotion Commission is final and cannot be appealed.

Signed: _____ Date: _____
Requesting organization president/chair/official

Print name: _____ Title: _____

Incomplete applications for funding will not be considered. Please submit all supporting documentation with this application.

10 copies of the written request should be submitted at time of deadline.

Application and requests should be submitted either online at _____ or to:

Cabot A & P Commission
110 S First Street
Cabot, AR 72023
E: chamber@cabotcc.org / F: 501.843.1861



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REQUEST FOR FUNDING

Requested Budget Planning Form

DATE SUBMITTED: _____

AMOUNT REQUESTED: _____

Name of Organization: _____

Contact Person: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

REQUESTED BUDGET SUMMARY

*If additional space is needed – please follow format on additional pages.

Project/Event Name: _____

Total Estimated Project Budget: _____

Income: _____ Source: _____

Income: _____ Source: _____

Income: _____ Source: _____

Income: _____ Source: _____

Income: _____ Source: _____

Expense: _____ Source: _____

Expense: _____ Source: _____

Expense: _____ Source: _____

Expense: _____ Source: _____

Total Estimated Expected Revenue: _____

*Include a SPECIFIC description of how A&P Funds will be used: _____

Approved by A&P Commission: _____ Amount Funded: _____ Date Received: _____

Check Number: _____ Recap/Verification of Expenditures Provided After Event: _____