



CITY OF TEXARKANA, ARKANSAS
Advertising & Promotion Committee

Application for A&P Funding

Organization: _____
Type of Organization: Private _____ Non-Profit _____
Civic Club _____
Governmental _____ Religious _____
Educational _____
Other _____ (Please Specify) _____
Year Organization was Established: _____
Contact Name: _____
Contact Address: _____
Business Phone: _____ Cell Phone: _____
Email: _____
Amount Requested: _____
Type of Event or Attraction: _____
Date(s) of Event or Attraction: _____
Location of Event or Attraction: _____

A written request must also include:

- Background of your organization and include its purpose
- A summary of the event or attraction and its target audience
- An explanation of how the funding will directly promote tourism and economic development in Texarkana, Arkansas
- If the event or attraction is not funded or partially funded, describe the impact this will have on the event or attraction
- 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 A&P funds
- Total budget of the organization for the period in which funds are to be used

Requesting Organizations Agreement:

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

- Provide a written summation of the event or attraction within 60 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 Texarkana, Arkansas Advertising and Promotion Commission.

_____ (requesting organization)
agrees to release the Texarkana, 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.

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 mailed to:

**Finance Director, TyRhonda Henderson
City of Texarkana Arkansas
PO Box 2711
Texarkana, AR 75504-2711**