



Main Street Macon

Marketing Grant Program Application

Date: _____ (Please, print your information and use blue or black ink.)

Name of Applicant: _____

Name of Business: _____

Business Physical Address: _____

Applicant's Mailing Address: _____

Phone Number(s): _____

Email Address: _____

Web Address: _____

Proposed Media Campaign Concept/Description (Please indicate the types of media that will be used in proposed campaign—Radio, Television, Print, Web, TAP Kiosk, Billboard or Other): _____

Campaign Start Date: _____ Campaign Completion Date: _____

Estimated Cost of Campaign – Attach estimate(s): \$ _____

Amount Requested: \$ _____

Do you have the funds available to complete the project? Yes _____ No _____

How long will the proposed Media Campaign last? _____

- Completion of the grant application does not guarantee that the proposed Media Campaign will receive grant funding.
- Applicants will be approved to receive only one grant per fiscal year.

▪ Upon completion of media campaign, copies of all third-party receipts and final product(s) must be submitted in order to receive final payment from the Marketing Grant Program.

All Marketing Grant Program Applications must be completed and submitted to Main Street Macon with a copy of the following documents.

- Business License
- Description of Business
- List of all employees, employees pay rate, and employee address
- Third Party Quote

Applicant Signature

Date

Main Street Manager at:
Steven Fulbright
Main Street Macon
200 Cherry Street, suite 300
Macon, GA. 31201
SFulbright@maconbibb.us