



## 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. Attach media campaign description if more space is need. (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
- Macon-Bibb Vendor Application
- W-9
- DUNS Number <http://www.dnb.com/duns-number.html>

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Applicant Signature

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Date

Main Street Manager at:  
Emily Hopkins  
Main Street Macon  
200 Cherry Street, suite 300  
Macon, GA. 31201  
EHopkins@maconbibb.us