

**Athens Downtown Development Authority (ADDA)
Community Enhancement Program (CEP)
Request for Funding**

Please complete this form as thoroughly as possible. Incomplete applications will not be considered. Applications are due **no later than February 28, 2025**. **Please note that we will only accept forms submitted online. No paper applications will be accepted.**
<https://downtownathensga.org/business-support/resources/>

Please attach a line-item budget, documenting ALL funding sources and including any matching funds, showing exactly how requested funds will be spent. The entity making the request for CEP funds must either be a qualified non-profit organization and able to furnish a federal taxpayer identification number, or be a qualified unit of the Athens-Clarke County Unified Government or the ADDA.

In order to receive CEP funding, events/programs must provide a substantial benefit to the downtown Athens community. This benefit may include the promotion of general economic development in the downtown tax district, and/or the promotion of downtown community businesses, events, and programs. Events must take place between July 1, 2025, and June 30, 2026. CEP Funds must be used to support portions of events that are free and open to the public. Funds may be requested within 30 days of the event. If the format of your event changes, you must submit an updated budget to reflect those changes.

Event/Program name: _____
Legal name of entity requesting CEP funding: _____
Purpose of Event/Program (please attach additional pages if necessary):

Who will benefit and how?

Please list all other sources of funding for the event (please attach additional pages if necessary):

Date(s) of Event/Program: _____

Location of Event/Program _____
Estimated number of attendees: _____
What percentage of your event(s) will be free and open to the public? _____
Identify the specific portion(s) of your event that will be free and open to the public: _____
Contact Name/Title: _____
Mailing Address: _____
Email Address: _____
Telephone: _____ Fax: _____

Non-Profit Tax Identification Number: _____
Requested Amount: \$ _____