

Ag Marketing and Development Division, Phone: 651-201-6277

## County Fair Grant - 2017 Closeout

Certification: I certify to the best of my knowledge that the information in this form is true and correct and that I am legally authorized to submit this form on behalf of this organization.

Name of County Fair:

Total Grant Dollar Spent (Maximum Grant Award is \$10,979.46): \$

Name:

Title:

Date:

What was the fair hoping to achieve? What were the final results?

How has this grant impacted your organization and your community?

Please complete the following charts and submit receipt copies for listed expenditures.

A receipt is an itemized list of purchased items generated by the seller. The receipt must show a balance due of \$0. If a receipt is not possible to obtain, please submit a copy of the invoice and a copy of the cashed check that paid the bill. \*Keep all original receipts and invoices for at least six years.

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
5-30-16	Billy's Fencing	\$3,000	Payment #1 for labor
7-6-16	Billy's Fencing	\$1,000	Payment #2 paid after final installation
		\$4,000	Total Contractual/Personnel Costs Paid For By Grant

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
7-5-16	Schooner Electronics	\$6,000	(Grant Paid for \$3,000) PA system was used ½ the time for livestock shows and ½ the time for announcing bands. \$3,000 came from a private donation.
		\$3,000	Total Rental Costs Paid For By Grant

**CONTRACTUAL / PERSONNEL COSTS**

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
		\$	Total Contractual/Personnel Costs Paid For By Grant

**EQUIPMENT / SUPPLY PURCHASE COSTS**

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
		\$	Total Equipment/Supply Purchase Costs Paid For By Grant

**RENTAL COSTS**

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
		\$	Total Rental Costs Paid For By Grant

**PUBLICITY COSTS**

Payment Date	Paid To	Total Payment Amount	Item Description (Optional)
		\$	Total Publicity Costs Paid For By Grant

**"OTHER" COSTS**

Payment Date	Paid To	Total Payment Amount	Item Description (Required)
		\$	Total "Other" Costs Paid For By Grant

\*Prior to awarding the final 50% reimbursement, recipients may be required to provide additional accounting records or other documentation for audit purposes. Do not submit anything until asked but do retain all relevant documentation for at least 6 years, as required by Minnesota Statue, section 16.C.05, and the grant contract, section9.

Optional Question: What challenges have you faced completing the project(s)?

Optional Question: Is there anything else you would like to share about your project or comments about the County Fair Grant Program?