

# Capital Improvement Grants

Washington State Fairs Program

Presented By: Anne Norman, Fairs Program Administrator



## Fund Basics - Capital Improvement Fund

- \$9M appropriated by the Legislature in the Capital Budget bill for 25-27 biennium.
- Unspent money goes away at the end of the biennium (in 2027).
  - Unless the Legislature reappropriates funds for specific projects that will not be completed on time.

## **Application and Award Process**

- Applications for capital projects are due by 5:00 PM on September 29, 2025.
  - Email completed applications to <a href="mailto:fairs@agr.wa.gov">fairs@agr.wa.gov</a>. Applications are found on the fair's website and have been emailed to you.
  - Updated grant agreement- please review the agreement to ensure your fair can agree to all terms & conditions.
- Commissioners should be meeting at the annual Fairs
   Association Convention in October to review applications.
- Once we have the director's approval, we will let you know what projects were selected for funding.

## **Application and Award Process**



PO Box 42560 Olympia WA 98504-2560

## Application for Capital Improvement Grant Funds

Application deadline: September 29, 2025 by 5:00 PM

(See second page for eligibility requirements & application process)

| Applicant                                                                                                                                                                                             |                                                       |                            |              |          |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|--------------|----------|--|--|--|
| Name of Fair                                                                                                                                                                                          |                                                       | Application Date           |              |          |  |  |  |
| Street Address                                                                                                                                                                                        | Mailing Address                                       |                            |              |          |  |  |  |
| City State                                                                                                                                                                                            | Zip Code                                              | Mailing City               | State        | Zip Code |  |  |  |
| Name of Requesting Officer (please print) Phone Number                                                                                                                                                |                                                       | Email Address              |              |          |  |  |  |
| Tax ID Number Statewide Vendor                                                                                                                                                                        |                                                       | umber                      | r UBI Number |          |  |  |  |
| If you submit more than one Application for Capital Improvement Grant Funds, what priority is this application (1 being the highest priority)?                                                        |                                                       |                            |              |          |  |  |  |
| This application is priority number                                                                                                                                                                   | grant applications we intend to submit for this fair. |                            |              |          |  |  |  |
| Capital Grant Agreement Contacts                                                                                                                                                                      |                                                       |                            |              |          |  |  |  |
| Name and Title of Grantee Representative                                                                                                                                                              |                                                       |                            |              |          |  |  |  |
| Mailing Address                                                                                                                                                                                       |                                                       | Cîty                       | State        | Zip Code |  |  |  |
| Phone Number                                                                                                                                                                                          |                                                       | Email                      |              |          |  |  |  |
| Name and Title of Person Authorized to Sign Grant Agreement                                                                                                                                           |                                                       |                            |              |          |  |  |  |
| Phone Number                                                                                                                                                                                          |                                                       | Email                      |              |          |  |  |  |
| Historic Preservation Details                                                                                                                                                                         |                                                       |                            |              |          |  |  |  |
| Project Name                                                                                                                                                                                          | Project Location (city, state)                        |                            |              |          |  |  |  |
|                                                                                                                                                                                                       |                                                       |                            |              |          |  |  |  |
| Does your project include any ground distu                                                                                                                                                            | irbance (fence post, ne                               | w foundation, grading, etc | .)?          | Yes No   |  |  |  |
| Age of the building? (N/A if not applicable)                                                                                                                                                          |                                                       |                            |              |          |  |  |  |
| Is the building already listed on the National Register of Historic Places or was the building determined eligible for the National Register of Historic Places?  On list  Yes  No  Eligible  Yes  No |                                                       |                            |              |          |  |  |  |

| Detailed Description of Capital                                                                                                                                                                                        | Improvement Project                                                                                         | t - (use additional pages if neo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | essary)                                        |                       |
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| Project Details                                                                                                                                                                                                        |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                       |
| Amount Requested from WSDA                                                                                                                                                                                             | Total Project Amount                                                                                        | Type of Match                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                       |
| \$                                                                                                                                                                                                                     | \$                                                                                                          | Monetary In-Kind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Both Monetary & In-Kind                        | No Matc               |
| Description of Match                                                                                                                                                                                                   |                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                       |
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| If your match is monetary, wha                                                                                                                                                                                         |                                                                                                             | he matching funds?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                       |
| Payment is on a reimbursemen                                                                                                                                                                                           | nt basis.                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | □Yes □No                                       |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par                                                                                                                                                         | nt basis.                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes No                                         |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:                                                                                                                                   | nt basis.<br>rts of the project prior                                                                       | r to reimbursement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re                                                                                               | nt basis.<br>rts of the project prior                                                                       | r to reimbursement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No                                         |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re                                                                                               | nt basis.<br>rts of the project prior                                                                       | r to reimbursement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No                                         |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re                                                                                               | nt basis.<br>rts of the project prior                                                                       | r to reimbursement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No                                         |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re                                                                                               | nt basis.<br>rts of the project prior                                                                       | r to reimbursement?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes No                                         |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re<br>How does the project meet the                                                              | nt basis.<br>rts of the project prior<br>eviewed and approved<br>e health or safety requ                    | r to reimbursement?  I this grant application?  Uirement of the capital fundin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ Yes □ No<br>g?                               |                       |
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| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re<br>How does the project meet the                                                              | nt basis.<br>rts of the project prior<br>eviewed and approved<br>e health or safety requ                    | r to reimbursement?  I this grant application?  Uirement of the capital fundin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | □ Yes □ No<br>g?                               | by <u>May 31, 202</u> |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re<br>How does the project meet the<br>What is the impact if you were                            | nt basis.<br>rts of the project prior<br>eviewed and approved<br>e health or safety requ                    | r to reimbursement?  I this grant application?  Uirement of the capital fundin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes No                                         | by <u>May 31, 202</u> |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re<br>How does the project meet the<br>What is the impact if you were<br>Applicant Certification | nt basis.  rts of the project prior  eviewed and approved  e health or safety requ  e to receive a grant aw | or to reimbursement?  If this grant application?  Ulirement of the capital funding  For a control of the capital funding the c | Yes No g?  Can the project be completed Yes No |                       |
| Payment is on a reimbursemen<br>Do you have funds to cover par<br>Explain if needed:<br>Has the owner of the facility re<br>How does the project meet the<br>What is the impact if you were<br>Applicant Certification | nt basis.  rts of the project prior  eviewed and approved  e health or safety requ  e to receive a grant aw | or to reimbursement?  If this grant application?  Ulirement of the capital funding  For a control of the capital funding the c | Yes No g?  Can the project be completed Yes No |                       |
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### Application for Capital Improvement Grant Funds – Instructions

### **Eligibility Requirements**

- Based on availability of funds, capital funding may be provided to local governments and nonprofit organizations to support capital projects that make health or safety improvements to agricultural fairgrounds or fair facilities in order to benefit participants and the fair-going public. (RCW 15.76.165)
- . The project for which funding is being sought must be completed by May 31, 2027.
- · All applicants who receive grant funds must follow applicable procurement procedures.
- All applicants must have approval from the owner of the fair facilities.
- Grant awards will not exceed \$250,000.00 each.

#### **Application Process**

- 1. Attach supporting documentation (i.e., copies of bids, bid proposals, estimates, pictures, etc.).
- 2. Submit your documents electronically in PDF format to fairs@agr.wa.gov. The deadline for submitting applications is 5:00 p.m. on September 29, 2025. Applications received after 5:00 p.m. on September 29, 2025, will not be considered.
- 3. You may submit no more than three applications. If submitting more than one application, rank your application submissions (#1 being the most important, #2 the next most important, etc.).

#### Review Process

- Applications will be reviewed by the Washington State Fairs Commission.
- 2. Applicants are encouraged to provide a monetary match or an in-kind match, such as donated material or labor.
- 3. Preference will be given to applicants who will use the money towards a capital improvement to address:
  - · a safety and / or health situation, or
  - · a legal or statutory requirement
- 4. Once grant applications are selected for funding, the Department of Agriculture will send a letter announcing
- 5. Under Governor's Executive Order 21-02 the project will need to be approved by the Department of Archeology and Historic Preservation and affected Tribes will need to be consulted. Once these steps are completed, the Department of Agriculture will execute an agreement with the grantee specifying the terms and conditions of
- 6. No work can begin or purchases made until a grant agreement has been fully executed.

# Capital Improvement Details (Project Scope)

- Be clear in describing your project!!!
- Your description is used to document the scope of the project in the grant agreement.
  - Example: If you are purchasing and installing a 3-sided building, make sure to include laying gravel or cement if that is part of your project.
- When we review invoices, we will be looking to ensure the purchase falls under the scope of the project.
- If you're unsure if a purchase fits under the project scope, please ask us prior to making the purchase.

# **Health and Safety Requirement**

- Projects need to provide a health or safety benefit and be a capital expenditure.
- If you are not sure if your project fits under the 'health or safety' requirement, submit an application for funding anyhow. We will review the application and make the decision.
- You can also call or email us.

## **Prevailing Wage**

- Projects funded with capital improvement grant money are subject to state prevailing wage laws.
- If you are using contractors to complete any of your project, you need to obtain copies of required documents from your contractors.
- You are responsible for ensuring your contractor(s) has filed the appropriate forms with LNI.
- For prevailing wage information and requirements, see:
  - https://lni.wa.gov/licensing-permits/public-works-projects/awarding-agencies/

# Consultation with the Dept. of Archaeology & Historic Preservation (DAHP)

- Governor's Executive Order 21-02 (formerly EO 05-05) is to protect cultural resources. All projects receiving capital funding from agencies must consult with DAHP & affected tribes.
- New process for 25-27 biennium. Anne will submit all projects to DAHP & DAHP will send a list of projects that need to fill out the EZ Project Form. If your project is selected, you will send the EZ Project Form to <a href="mailto:2102@DAHP.wa.gov">2102@DAHP.wa.gov</a> and cc <a href="mailto:fairs@agr.wa.gov">fairs@agr.wa.gov</a> as soon as possible.
- Once DAHP responds, it is Anne's responsibility to do Tribal consultations. Tribal consultations take 37 days, respectively.
- If your project does NOT need to consult with DAHP, then the next step is Tribal consultations.

# Consultation with the Dept. of Archaeology & Historic Preservation (DAHP)

## DAHP responses to your request

- "More info needed/survey requested". DAHP does not have enough information to make a determination at this time.
- "No cultural resources impacted". DAHP consultation is complete!\*
- "No adverse impact". Cultural resources identified will not impact the resources' eligibility to the National Register of Historic Places. DAHP Consultation is complete.\*
- "Adverse Impact". Cultural resources were identified, and the project will cause significant impacts to the resources' eligibility to the National Register of Historic Places. You must now work with DAHP to resolve the adverse impacts.
- \*No further consultation required <u>unless</u> there is a change in scope for the project or there is an inadvertent discovery, then you must reinitiate consultation with DAHP and the Tribes. Fairs will work with DAHP and WSDA will work with Tribes. Please include <u>fairs@agr.wa.gov</u> on all correspondence.

## For more information, contact:

2102@dahp.wa.gov

For Archaeological and Tribal Questions:

### Rob Whitlam

State Archaeologist (360) 890-2615

For Built Environment Ouestions:

## **Maddie Levesque**

Architectural Historian (360) 819-7203

## **Tribal Consultations**

- Tribal consultations take 30 days plus one week.
- It is imperative that DAHP is done as soon as possible because Tribal consultations take a while.
- If Tribes request an Inadvertent Discovery Plan (IDP), it is the fairs responsibility to create an IDP and send a copy to <a href="mailto:fairs@agr.wa.gov">fairs@agr.wa.gov</a> as soon as possible. WSDA has an IDP template. If you need the template, please reach out.
- No work can begin until Tribal consultations are complete & grant agreement is fully executed.

# **Executing Grant Agreement**

- After Tribal consultations, you will receive an email notifying you that Tribal consultations have been complete.
- At this time, you will receive a draft agreement to review.
- After review, the document will be submitted for signature.
- The person signing the agreement must have authority to sign.
- No work may start on your projects and no purchases shall be made until you are given a countersigned copy of the grant agreement with all related documents and invoicing.

## Communication

- Please communicate with us if you are behind schedule on your project, anticipate not meeting your match/ in-kind, or if you have any uncertainty with your project.
- Always include the grant number (KXXXX) on your emails and your fair name (preferably in the subject line).
- Use separate emails for separate grant agreements.
- Receipts/ proof of payment must be submitted with your invoice vouchers. Acceptable forms of proof of payment include cleared checks (front & back), local government general ledger reports, bank records, or zero balance receipts.
- Make sure the correct vendor number is on all invoice vouchers.

## **Amendments**

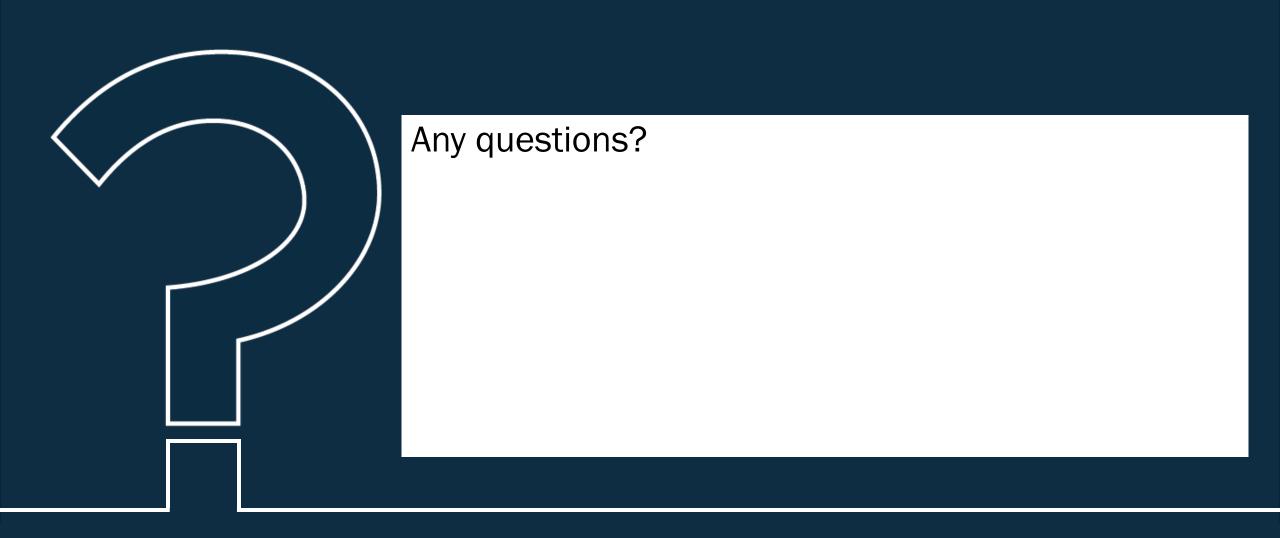
- All changes to the grant need to be in writing through an amendment that is signed by both you and WSDA.
- Amendments are needed to change the scope, update your match/ in-kind, project completion date, grant amount, or grantee representative.
- Amendments need to be signed by both parties <u>before</u> the grant agreement end date.
- Make sure we send you an amendment right away to cement any conversations.

## Reimbursements

- WSDA accounts payable office requires that you submit proof of payment for any expenditures you are requesting reimbursement for. Acceptable forms of proof of payment include cleared checks (front & back), local government general ledger reports, bank records, or zero balance receipts.
- Grantee must submit an invoice for work done between execution date June 30, 2026, by July 15, 2026. Grantee must submit an invoice for work done between July 1, 2026-June 30, 2027, by July 15, 2027. This is because WSDA needs to pay out any invoices by fiscal year end.
- Receipts & Project Status Report are required for all expenditures, unless you are requesting reimbursement in a month where a quarterly report is due.
- We cannot pay for expenditures incurred prior to the grant agreement being signed by both parties.
- We cannot pay for expenditures incurred after the grant agreement end date.
- Please ensure all requests for reimbursement fit the scope of the project.
- WSDA can reimburse up to 75% of the grant amount until the project is completed and the certified completion report is turned in and verified.

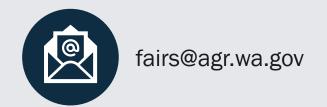
# Reporting Requirements

- Project Status Reports are due with each submitted invoice, unless submitted in a month when a quarterly report is due.
- Quarterly progress reports are due at the end of March,
   June, September, December, and March the following year.
- A final project completion report along with before and after pictures is due prior to final payment.
- The Commission will be looking at your projects when they evaluate your fair.



# **Questions?**









http://agr.wa.gov/Washington-agriculture/agricultureal-fairs

