



Application for Special Assistance Funding — Youth Shows

Application Deadline: _____

Use this form if your fair was not held as an in-person or virtual event, but you had operating expenses prior to cancellation; do not use this form if you had a virtual event.

Applicant			
Name of Show	Location		
Mailing Address	City	State	Zip
Principal Contact	Phone Number	Email Address	
Fair Dates:			
Sponsoring State Agency			
Area Served (Indicate where exhibitors, contestants, and participants are from)			
Do you have an advisory board or board of trustees?			
Financial Report			
<u>Receipts</u>		<u>Operating Expenses</u>	
Gate Proceeds	_____	Salaries & Wages	_____
Sales Commissions	_____	Personnel Benefits	_____
Sale of Items	_____	(Social Security, Industrial Insurance, etc.)	_____
Cash Contributions	_____	Premiums & Prizes for Exhibits &	_____
Interest	_____	Educational Contests or Demonstrations	_____
Miscellaneous Receipts	_____	Ribbons & Trophies	_____
		Grounds Rental	_____
		Equipment Rental	_____
		Insurance	_____
		Supplies	_____
		Judges Fees & Expenses	_____
		Other Expenses	_____
Sub Total	_____	Sub Total	_____
State Allocation	_____	Capital Outlay	_____
TOTAL Cash Receipts	_____	TOTAL Operating Expenses	_____
Certification			
We certify that we have reviewed the financial records of this fair and find that this financial report is correct to the best of our knowledge.			
Signed By: _____ , _____			
Name	Title	Signature	Date
Audit Committee: _____			