

**Kentucky State Aid to Local Agricultural Fairs Program**  
**Kentucky Department of Agriculture**  
**Division of Show and Fair Promotion**

**INITIAL REQUEST FOR STATE AID TO LOCAL AGRICULTURAL FAIR**

As provided in KRS 247.220, the Board of Directors of the:

\_\_\_\_\_  
Official Name of Fair

Hereby applies for grants of state funds from the Kentucky Department of Agriculture through the State Aid to Local Agricultural Fairs Program. The event is tentatively scheduled to be \_\_\_\_\_ in or near  
\_\_\_\_\_ Dates of fair  
the Kentucky community of \_\_\_\_\_ in the County of \_\_\_\_\_.

Officers of the fair and member of the fair board are listed below. The representatives on the board who are required by KRS 247.220 are listed where indicated. (use back if more space is needed)

<u>Name</u>	<u>Title</u>	<u>Mailing Address</u>	<u>Phone</u>
	Voc Ag Rep		
	Ext Svc Rep		
	Farm Bureau Rep		
	Horseman's Assoc. Rep (if one exists)		
	Livestock Assoc. Rep (if one exists)		

The following person is authorized to *handle funds for the fair and should receive all payment checks* from the Kentucky Department of Agriculture:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

The following person is authorized to *receive all correspondence and forms* relating to the fair from the Kentucky Department of Agriculture:

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Signature of fair officer completing from: \_\_\_\_\_ Title: \_\_\_\_\_