

**ILLINOIS DEPARTMENT OF AGRICULTURE
REHABILITATION REPORT**

YEAR

FISCAL YEAR

NAME OF FAIR ASSOCIATION

City/Town

County

Report due date is June 30. Penalties will be assessed if report postmarked after June 30.

Late reports must be postmarked by August 15 to be eligible for funds.

Please list President, Secretary, Treasurer and a complete list of your Directors. Use additional page if necessary.

Officers and Directors for 20_____

NAME	TITLE	FULL ADDRESS WITH ZIP CODE

Date fair was organized: _____

Is fair incorporated: _____

If so, date of incorporation: _____

of acres on fairgrounds: _____

Owned or Leased: _____

If leased, number of years in lease and expiration date of lease. _____ Years _____ Expires

If leased, a copy of current lease shall be on file with this office.

Does your fair plan to participate in the Rehabilitation Program net fiscal year? _____

Directions:

1. Calculator tapes/computer printout(s) shall be stapled to each set of project receipts in the same order reflecting the same totals as listed on this report.
2. Department Labor receipts and this report must describe all labor completed in detail.
3. All general maintenance/work completed must be described in detail.
4. Loan types/interest on eligible loans must be described in detail.

REHABILITATION TO COUNTY FAIRGROUNDS

Except as otherwise allowed by the Director, to qualify for disbursements made by the Department from an appropriation made under the provisions of this Section, the land on which the fair is held must be owned by the county fair board participating in this disbursement or by a state, city, village, or county government body, or be held under a lease that is at least 20 years in duration, the terms of which require the lessee to have continuous possession of the land during every day of the lease period. Each county fair shall be reimbursed annually for that part of the amount expended by the fair during the year for liability and casualty insurance, as provided in this Section, and the rehabilitation of its grounds, including major construction projects and minor maintenance and repair projects; as follows: 100% of the first \$5,000 or any part thereof; 75% of the next \$20,000 or any part thereof; 50% of the next \$20,000 or any part thereof. The lesser of either \$20,000 or 50% of the amount received by a county fair pursuant to this Section may be expanded for liability and casualty insurance. If a county fair expends more than is needed in any year for approved projects to maximize state reimbursement under this Section and provides itemized receipts and other evidence of expenditures for that year, any excess may be carried over to the succeeding year. The amount carried over shall constitute a claim for reimbursement for a subsequent period not to exceed 7 years as long as funds are available.

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 30ILCS120/1. Failure to provide information shall prevent this from being processed. This form has been approved by the State Forms Management Center. IL406-0670(3-84)Rev.9/11

Mail to: Illinois Department of Agriculture
Bureau of County Fairs & Horse Racing
P.O. Box 19281
Springfield, Illinois 62794-9281
PH: 217/782-4231 FAX: 217/524-6194

Directions:

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TYPE, DESCRIBE, FIGURE SUB-TOTALS OF PROJECTS/ITEMS, THEN TOTAL REPORT.

**Unless otherwise approved by IDOA's County Fair Office for eligible rehabilitation purposes, the following EQUIPMENT and/or labor are not eligible:*

INELIGIBLE ITEMS

DO NOT list ineligible items on report.

- office/kitchen help
- office/kitchen equipment/appliances and/or repairs
- donated labor (except as match/cost share)
- cleanup (i.e., setting up/tearing down prior to and following fair)
- manure/snow/garbage removal
- operational loans or operational loan interest
- equipment rentals (EXCEPT if utilized for approved construction/rehab/maintenance projects)

1. EQUIPMENT PURCHASED	SUB-TOTALS	PROJECT TOTAL AMOUNT
		\$

Notify this Office prior to disposing of any and all equipment purchased through this rehabilitation program.
 NOTE: Please list on a separate sheet any equipment purchased with State IDOA funds that was disposed of this year.

2. EQUIPMENT REPAIRS	(List items purchased)	
		\$

3. ELECTRICAL REPAIRS	(List items purchased)	
		\$

4. PLUMBING REPAIRS	(List items purchased)	
		\$

*Equipment Rentals eligible if utilized for approved construction/rehab/maintenance projects.

EFF. 7/2011 (FY12), this report will be utilized as an equipment auditing form.

TYPE, DESCRIBE, FIGURE SUB-TOTALS OF PROJECTS/ITEMS, THEN TOTAL REPORT.

5. GROUNDS MAINTENANCE/REPAIRS	(Describe)	SUB-TOTALS	PROJECT TOTAL AMOUNT
			\$
6. MISC. BUILDING MAINTENANCE	(Supplies/Materials)	(Office and Restroom supplies NOT eligible)	
			\$
7. FUEL FOR VEHICLES	(Combine same company receipts reflecting individual sub-totals. Then total.)		
			\$
8. INSURANCE	(Directors/Officers insurance NOT eligible)	Max: \$20,000	
			\$
9. LOAN INTEREST	(Operational loan interest NOT eligible)		
			\$

TYPE, DESCRIBE, FIGURE SUB-TOTALS OF PROJECTS/ITEMS, THEN TOTAL REPORT.

10. LABOR	(Paid Labor) Use Labor Receipts@www.agr.state.il.us	SUB-TOTALS	PROJECT TOTAL AMOUNT
			\$

10a. DONATED LABOR	Use Labor Receipts@www.agr.state.il.us	(Describe type of labor)	PROJECT TOTAL AMOUNT
			\$

11. OTHER	PROJECT TOTAL AMOUNT
	\$

REPORT GRAND TOTAL:	\$
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Amounts/Totals on receipts MUST match Amounts/Totals on report and be verified by calculator tapes/computerized spreadsheets.

STATE OF ILLINOIS }
 _____ S }
 _____ }
 _____ COUNTY

PENALTIES WILL BE ASSESSED IF REPORT IS LATE.
 Report must be postmarked on or before June 30.

We, _____, President, (PRINT NAME) AND _____ Secretary of the
 _____ County Fair of _____ County, do hereby swear that during the
 fiscal period ending June 30, 20____, the sum of \$ _____ was actually paid for eligible rehabilitation of the grounds, as evidence
 of which the above listed rehabilitation receipts are enclosed herewith.

Signature: _____ Signature: _____
 President Secretary

Date: _____ Date: _____