

625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Agricultural Growth, Research, and Innovation (AGRI), Lisa Sawyer 651-201-6277

County Fair Grant - 2021 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 AGRI Grant Dollar Spent (Maximum Grant Award is \$11,614): \$ | | | | | |
| Total Legacy Grant Dollar Spent (Maximum Grant Award is \$4,285): \$ | | | | | |
| Name: | | | | | |
| Title: | Date: | | | | |
| AGRI Grant Funds | | | | | |
| Describe how the AGRI grant funds help your organization reach its proposed projects. | | | | | |
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| How has the AGRI grant impacted the county fair's ability to preserve and promote Minnesota Agri | culture? | | | | |
| Thow has the Aditi grant impacted the county fair's ability to preserve and promote winnesota Agri | culture: | | | | |
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| Legacy Grant Funds | | | | | |
|--|--|--|--|--|--|
| Describe how the Legacy grant funds provided access to the arts or Minnesota's agricultural, historical, and/or cultural heritage. | | | | | |
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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 \$0 balance. If a receipt is not possible to obtain, please submit a copy of the invoice and a copy of the cashed check.

| | | | | | AGRI Grant Expenditures | | | | | | | | |
|---------|---------------------|------------|--------------------------|----------------------------------|---|--|--|--|--|--|--|--|--|
| Vendor | Date of Purchase | Amount | Itemized Bill Type | Proof of Payment Attached | Grant Eligible Total | | | | | | | | |
| Menards | 5/2/2021 | \$1,500.00 | Receipt | Bank Statement | \$1,500.00 | | | | | | | | |
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| | | Purchase | Purchase Amount | Vendor Purchase Amount Bill Type | Vendor Purchase Amount Bill Payment Type Attached | | | | | | | | |

| Legacy Grant Expenditures | | | | | | | | |
|--|---------------------|---------------------|----------|--------------------------|---------------------------------|-------------------------|--|--|
| Exhibit # & Item Description | Vendor | Date of Purchase | Amount | Itemized Bill Type | Proof of Payment Attached | Grant Eligible Total | | |
| Example - Spinning Demonstration | Fibers to Fabric | 8/2/2021 | \$400.00 | Invoice | Check # 1234 | \$400.00 | | |
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| *Prior to awarding the final reimbursement, recipients may be required to provide additional accounting records or other documentation for audit purposes. Please retain all relevant documentation for at least 6 years, as required by Minnesota Statue, section 16.C.05, and the grant contract, section 9. | | | | | | | | |
| What challenges have you faced comp | alating the project | +/c\2 | | | | | | |
| what challenges have you raced comp | heting the project | ι(5): | | | | | | |
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| Is there anything else you would like to share about your projects or the County Fair Grant Program? | | | | | | | | |
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