



Agriculture & NYS Horse Breeding Development Fund

Dear County Fair Representative:

Thank you for applying for the 2024 New York Sire Stakes County Fair Repair Reimbursement Program. I hope your 2024 racing program was a great success and we hope to see you in 2025.

Attached are the necessary forms to submit in order to receive your reimbursement:

- Certification by Fiscal Officer (Form #201)
- Reimbursement for Repairs (Form #202-A)
- Additional Items for Reimbursement for Repairs (Form #202-B)
- Reimbursement for Harness Racing Administrative Costs (Form #203)

Please be sure to include proper evidence to support your expenditures. Before and after photos are suggested. Copies of invoices and cancelled checks that correspond with payment of invoices must be included. Only claims prepared according to the instructions will be accepted.

County Fairs are eligible for reimbursement of up to \$6,000 of repair costs, of which 25% must be related to the improvement of harness racing facilities. Fairs are also eligible for reimbursement of up to \$2,000 in administrative costs related to race day. Administrative costs may include expenses for an ambulance for the racing program. As in prior years, the Fund will reduce the total reimbursement amount by the declaration fees paid directly to the County Fair on race day.

The reimbursement forms can be submitted as soon as possible after your County Fair is complete. Once we have reviewed your forms and supporting documentation, you will receive your reimbursement.

The absolute deadline to return your 2024 New York County Fair Repair Reimbursement Program Forms is November 3, 2024:

- Online: The application and forms are available online at nysirestakes.com/forms, then click on the "2024 County Fair Repair Project Forms" link. All the documents are fillable online so you can type directly into them and save or print to complete by hand and scan. Once completed, you can email them to info@nysirestakes.com with copies of your evidentiary documents.
- Fax: 518-463-8656
- Mail: If you complete a hard copy, you can mail them to: Agriculture & NYS Horse Breeding Development Fund, 230 Washington Ave Extension Suite 101 Albany NY 12203

If you have any questions, please contact Sarah Sheehan at NYSS@caphill.com or call 518-694-5002.

Agriculture & New York State Horse Breeding Development Fund
230 Washington Ave Extension Suite 101
Albany NY 12203
Tel: 518-694-5002 E-mail: nyss@caphill.com
www.nysirestakes.com



**Agriculture & NYS
Horse Breeding
Development Fund**

Form #201

CERTIFICATION BY FISCAL OFFICER

Name of County Fair/Society: _____

Address: _____

Year: _____

I certify this submission is hereby made for reimbursement of funds for necessary and actual repairs to the applicant's buildings and/or grounds, pursuant to Section 332, subdivision 2, paragraph A, of the NYS Consolidated Racing, Pari-Mutuel Wagering and Breeding Law, to cover expenditures outlined on Forms 202-A, 202-B, and 203 attached.

The total amount requested in this submission for repairs is \$_____.

The total amount requested in this submission for administrative expenses is \$_____.

Name of Authorized Officer (print): _____

Title of Authorized Officer (print): _____

Signature: _____

Date: _____

Please include the name and contact information of the person who will be available to answer any questions the Fund may have during the review of your reimbursement application should your fair office be closed for the season.

Contact Name & Title: _____

Contact Phone Number: _____

Contact Email: _____



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Form #203

REIMBURSEMENT FOR HARNESS RACING ADMINISTRATIVE COSTS

Administrative Category	TOTAL COST
Ambulance	
Announcer	
Marshall	
Presiding Judge	
Assistant Judge	
Race Secretary	
Assistant Race Secretary	
Race Day Insurance	
Starter	
USTA Fees	
Other	
Other	
TOTAL	

Signature

Title

Date

COUNTY FAIR EMPLOYEE LABOR WORKSHEET



NAME: _____

DATE: _____

PROJECT #	DISCRIPTION OF WORK COMPLETED	TOTAL HOURS ON PROJECT	RATE OF PAY	TOTAL AMOUNT	PAYROLL DATES

Please include payroll records for the corresponding periods (and canceled checks if applicable).

COUNTY FAIR EMPLOYEE LABOR WORKSHEET



NAME: _____

DATE: _____

PROJECT #	DISCRIPTION OF WORK COMPLETED	TOTAL HOURS ON PROJECT	RATE OF PAY	TOTAL AMOUNT	PAYROLL DATES

Please include payroll records for the corresponding periods (and canceled checks if applicable).