



**2025 COUNTY FAIR CAPITAL IMPROVEMENT GRANT
APPLICATION FORM
DUE March 14, 2025, by 5 p.m. EST**

OVERVIEW

The Michigan Department of Agriculture and Rural Development is offering this grant opportunity to county fairs. This program will assist in the promotion of building improvements or other capital improvements at county fairgrounds within the state. Total funding available for this grant program is \$1,580,000 for fiscal year 2025 which includes \$100,000 dedicated to projects that will prepare fairs for emergencies.

Capital improvements are costs related to making changes to improve capital assets, increase their useful life, or add to the value of these assets. Capital improvements may be structural improvements or other renovations to a building or enhance usefulness or productivity.

Building improvements are costs related to making changes to improve buildings which are used for fair purposes and are owned by the fair association or political subdivision. These improvements will extend the useful life of the building.

Schedule

The grant program will adhere to the following timeline:

Grant Proposals due:	March 14, 2025, 5:00 PM
Announcement of Recipients:	Early May 2025
Project/Program Duration:	May 2025 through August 31, 2026
Interim Reports Due:	September 15, 2025
Final Reports Due:	September 15, 2026

Eligibility Requirements

- Fairs incorporated under Act 80 of 1855 – Local Agricultural or Horticultural Society.
- County-owned and operated fairs operating under Act 11 of 1929.
- County fairs that have submitted all required year-end reports for the prior three years.
- Fair Associations leasing their grounds must have a minimum of a **five-year lease** for the use of the grounds to hold the annual fair and other non-fair events.
- Fairs that did not receive a competitive capital improvement grant in the previous grant cycle.

2025 COUNTY FAIR CAPITAL IMPROVEMENT GRANT INSTRUCTIONS

Project Title: Must capture the primary focus of the project.

Applicant Organization Information/Primary Contact: The Applicant Organization Name and Primary Contact information including phone number and email address. This person is responsible for signing the grant agreement and will serve as the main point of contact for all project inquiries unless Project Contact is listed. IF RECOMMENDED FOR AWARD, your organization may be asked to provide your Employer Identification Number (EIN). Also, if you are not already registered with the State of Michigan as a vendor, you will be asked to register for a Vendor Identification Number please visit: [SIGMA VSS SELF SERVICE](#)

County Fair Capital Improvement Grant Amount Request: Indicate the dollar amount requested for grant funding. The maximum amount of grant funding available for any project is **\$100,000**. The minimum amount of grant funding available for any project is **\$1,000** Please round dollar amounts to the nearest \$1.

Matching Funds: Indicate the dollar amount of matching funds. Matching funds must be at least 50% of the total Value-Added grant amount request. For example, if you are requesting \$100,000 then you must provide a match of at least \$50,000. Cash match is required, and in-kind contributions will not be counted as part of the required match.

Project Summary: Include a concise project summary of 200 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one paragraph, if possible) description of your project.

Project Purpose: Indicate the specific issue, problem, or need that the project will address.

Project Commitment Information: Identify individuals, organizations, and/or entities that committed to this project and how they will support this project. Not more than four support letters may be attached.

Work Plan: Description of the general tasks to be completed during the project period to fulfill each goal along with expected complete date.

Budget Narrative: This is a cost-reimbursement program. Provide justification for your budget proposal that is outlined in the budget table. Please include sources and amounts of match dollars and any in-kind funding. The budget narrative must include the following categories (if applicable to project) and a budget narrative that provides justification for such budget categories and items:

- **Capital improvements:** Costs related to making changes to improve capital assets, increase their useful life, or add to the value of these assets. Capital improvements may be structural improvements or other renovations to a building or enhance usefulness or productivity.

- **Building improvements:** Costs related to making changes to improve buildings which are used for fair purposes and are owned by the fair association or political subdivision. These improvements will extend the useful life of the building.
- **Materials/Supplies:** Provide an estimate of projected supply expenditures. Applicants must list each item separately, its cost and use. Supplies means any tangible, personal property other than equipment (as defined above), excluding debt instruments and inventions. In the budget narrative, provide the basis of the cost estimate (e.g., price analyses, vendor quotes) for each supply item being requested and its correlation to the purpose/goals of the project to justify your need for the supplies to be purchased.
- **Contractual:** List the contractor's name and title and the general categories of services the contractor cost will cover.
 - A. For contractors, indicate if the expense represents a flat fee for services or an hourly rate. Provide justification for how and why the contractor was selected vs. the organization's own staff/personnel. List the general categories of services the contract covers (e.g., professional services, travel, lodging, administrative expenses, etc.).
 - B. Proof must be provided of the customary charges for such services rendered, based on the individual's qualifications.
- **Other:** Provide in sufficient detail an itemized list of projected expenditures, their cost and use. Other items mean any item not fitting into the personnel, contractual, equipment, travel, and supplies categories explained above (e.g., rentals). In the budget narrative, provide the basis of the cost estimate (e.g., price analysis, vendor quotes) for each item being requested and its correlation to the purpose/goals of the project to justify your need.

Authorization:

By submitting this Application, the Authorizing Agent is guaranteeing that the information contained in this Application is correct and verifiable. The Authorizing Agent is also affirming that the funds requested herein will be used for the specific purpose outlined in this Application and for no other purpose.

Equal Opportunity

The State of Michigan and the Department of Agriculture and Rural Development prohibit discrimination on the basis of religion, race, color, national origin, age, sex, sexual orientation, gender identity or expression, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position.

To file a complaint of discrimination, please contact: MDARD Office of Legal Affairs, 525 West Allegan, Lansing, MI 48909, or call 517-284-5729.

You may also contact the Michigan Department of Civil Rights at:

Phone: 313-456-3700

Fax: 313-456-3701

Toll-Free: 800-482-3604

TTY: 877-878-8464

Email: MDCRServiceCenter@michigan.gov

PROJECT TITLE

APPLICANT INFORMATION

LEGAL NAME OF APPLICANT ORGANIZATION:

ADDRESS:

CITY:

STATE:

ZIP:

COUNTY:

CONTACT NAME:

TITLE:

PHONE:

E-MAIL:

Type of Organization:

County Fair:

Regional Fair:

Please select one of the following:

For-Profit

Not For Profit

Local Government Unit

SIGMA Vendor/Customer ID:

Total Grant Amount Requested:

(Round to nearest \$100)

\$

Total Match:

(Must be at least 50% of the grant requested amount)

\$

Total Project Amount:

(Total Grant Request + Total Match)

\$

Fair Grant Administrator:

Work Phone:

Home Phone:

Email Address:

Signature:

DURATION OF PROJECT

Start Date: May 2025

End Date: August 31, 2026

Will this project prepare your fair for emergencies? Examples include but not limited to emergency warning systems, PA systems, bio-security, etc...

Yes

No

PROJECT SUMMARY

Include a project summary of 200 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one paragraph, if possible) description of your project. Please include:

1. **A description of the general objectives and tasks to be completed during the project period to meet the expected measurable outcomes.**

PROJECT PURPOSE/IMPACT

Provide a focused and well-defined project description and the specific goals and outcomes that will be accomplished. (500 words or less)

1. **How will the overall county community benefit from this project / outcome?**

2. **What is the specific issue, problem or need being addressed by the project?**

3. **Why is the project important and timely?**

- 4. Describe how is the project innovative in its approach or desired outcomes.**

- 5. Why is this project important to the agriculture industry and those entities that are in support of this project?**

- 6. Has the project been submitted to or funded by another grant program? If yes, how does the project complement or build upon work previously done.**

- 7. How will the capital improvements be maintained once the grant period ends?**

- 8. How will the proposed project, and related grant funds, support the mission of your fair?**

- 9. How will the proposed project support or improve the accessibility and / or inclusivity of all members of the community.**

PROJECT COMMITMENT

Describe any stakeholders who support this project and why (other than the applicant and organizations involved in the project).

1. Who supports this project?
2. How will all grant partners work toward the goals and outcomes of the project?
3. Will other funding be leveraged for this project?
4. Do you currently have the funds available to front the initial costs for this project?
5. Have you secured any necessary permits and approvals to begin the project?

BUDGET NARRATIVE

(Complete the table below. Add lines if necessary)

THIS IS A COST-REIMBURSEMENT GRANT - You will be required to have the funds available to front the costs of the project until reimbursement.

Matching funds may be listed on one budget line and do not have to be evenly distributed across budget items. We encourage you to not commit to excess matching funds if you do not have the available funds. Any committed match will be required to be documented with invoicing and proof of payment documents.

Please provide budget item descriptions and purpose noting how funds will be used for each funding category.

(Requested Funds + Matching Funds = Project totals)

Item	Requested Funds	Matching Funds	Project Totals
Capital Improvements			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Capital Improvements	\$	\$	\$
Building Improvements			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Building Improvements	\$	\$	\$
Materials and Supplies			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Materials/Supplies	\$	\$	\$
Contractual (name of company/purpose)			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Contractual	\$	\$	\$
Other			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Other	\$	\$	\$
Totals of each column	\$	\$	\$
	Total Requested Funds	Match total must be at least a minimum 50% of Grant Requested Funds	Total Project Costs (requested funds + matching funds)

Please attach any quotes or documentation that have been received that support the project and its budget.

ORGANIZATIONAL CAPACITY SURVEY

The objective of the Organizational Capacity Survey is to attain an understanding of your organization's systems, policies, processes, and practices. The information collected by this survey will be used by the Department of Agriculture & Rural Development (MDARD) as a tool to review the capacity of your organization to successfully execute the terms of this grant. NOTE: MDARD reserves the right to request a copy of any materials attested to in this Organizational Capacity Survey.

Instructions:

- ~ Respond to each applicable question: some questions may not be applicable to your entity;
- ~ Submit with your application to: MDARD-Fairs@Michigan.gov

Person completing this survey: _____
Phone / e-mail: _____

1. Has your organization received funding for this project from another source? Yes No
If so, who? Describe – _____
2. When was the last time your organization has received a MDARD Capital Improvement Grant? _____
3. Does your organization use an automated accounting system? Yes No
If "Yes", what is the name of the system? _____
4. Has your organization registered with the State of Michigan as a vendor? [SIGMA VSS](#)
[SELF SERVICE](#) Yes No
5. You may be asked to provide a recent Income Statement and Balance Sheet to show the financial stability of your organization to front the money until a report/reimbursement request is due. Is your organization able to comply with these requirements? Yes No

FAIRGROUND LEASING INFORMATION- (MUST BE COMPLETED)

If the Fairgrounds are leased, please attach a copy of the signed lease agreement when submitting to MDARD-Fairs@michigan.gov. This agreement must include the period of the lease agreement.

Will you be attaching a lease agreement with your application? Yes No