



PDA USE ONLY (DATE RECEIVED)

**APPLICATION FOR STATEWIDE ORGANIZATIONS REIMBURSEMENT
PURSUANT TO THE PENNSYLVANIA AGRICULTURAL FAIR ACT**

DATE OF APPLICATION:		VENDOR NUMBER:	
COUNTY:			
NAME OF ORGANIZATION:			
FEDERAL I.D. NUMBER: _____ - _____			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
	PA		
CONTACT PERSON:			
TITLE OF CONTACT PERSON:			
DAYTIME TELEPHONE NUMBER:		E-MAIL ADDRESS:	

IMPORTANT INFORMATION

IF THERE HAS BEEN A CHANGE TO THE ORGANIZATIONAL NAME, FEDERAL ID NUMBER OR ADDRESS, PLEASE CONTACT THE VENDOR DATA MANAGEMENT UNIT (VDMU) AT 877.435.7363 (OPTION 1) OR E-MAIL THEM AT ra-psc_supplier_requests@pa.gov.

NUMBER OF MEMBERS:	NUMBER OF COUNTIES REPRESENTED:
LIST OF ELIGIBLE EXPENDITURES THIS BREAKDOWN OF EXPENSES BECOMES A PART OF THE AFFIDAVIT AND REQUESTS FOR FUNDS.	
Administration	\$
Utilities	\$
Planning and Preparation	\$
Other Expenses (Itemize on separate sheet and include with application)	\$
TOTAL OF NON-PREMIUM EXPENSES	\$
Premiums Expenses	\$
TOTAL EXPENSES	\$

<p>LIST EVENT, DATE AND HOURS THAT PERTAIN TO THE IMPROVEMENT OR PROGRESS OF AGRICULTURE OR AGRIBUSINESS SUPPORTING AT LEAST EIGHTEEN (18) HOURS OF AN EVENT OVER <u>THREE (3) CONSECUTIVE, SIX-HOUR DAYS</u> PURSUANT TO THE PA AGRICULTURAL FAIR ACT § 102.23 – ELIGIBILITY (c) 2. <u>ONE (1) CATALOG, PROGRAM, AGENDA, ETC. INDICATING DATES AND TIMES OF EVENT NEEDS TO BE INCLUDED</u> WITH THIS APPLICATION.</p>		
DATE	EVENT	HOURS
TOTAL HOURS		

PLEASE PRINT OR TYPE NAME, ADDRESS AND DAYTIME PHONE NUMBER OF OFFICERS:	
PRESIDENT	
VICE-PRESIDENT	
SECRETARY	
TREASURER	
<p>The applicant verifies that it meets the applicable eligibility requirements of the Pennsylvania Agricultural Fair Act (3 P.S. § 1501-1508) and its attendant regulations (7 Pennsylvania Code Chapter 102) and accepts all conditions therein.</p> <p>The applicant agrees that all ledgers, bills, receipts, cancelled checks, and other supporting data shall be maintained for examination by the Pennsylvania Agricultural Fair Program for a period of three (3) years following the date payment is made.</p> <p>The applicant verifies that the statements made in this Application are true and correct. The applicant also understands that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.</p>	
President's Signature	Witness as to President's Signature
Secretary/Treasurer's Signature	Witness as to Secretary/Treasurer's Signature
PLEASE SUBMIT <u>ONE SINGLE-SIDED</u> COPY OF THE SIGNED APPLICATION TO: <div style="text-align: center; margin: 10px 0;"> FAIR ADMINISTRATOR DEPARTMENT OF AGRICULTURE 2301 NORTH CAMERON STREET HARRISBURG, PA 17110-9408 </div> <p>ON OR BEFORE NOVEMBER 15TH OF EACH YEAR TO BE ELIGIBLE FOR CONSIDERATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL 717.787.6298.</p>	