



**Agriculture & NYS
Horse Breeding
Development Fund**

Form #104

COST ESTIMATES FOR REPAIRS

Name of County Fair/Society: _____

Address: _____

Year: _____

NOTE: When work is to be done by contract, show estimate as one figure in the TOTAL column.

Project Number	Item of Work	Quantity	Unit Price	Labor Cost	Cost of Materials, Equip., etc.	TOTAL

If additional space is needed, use Form #105.

Amount Requested on this Form

Additional Amount Requested on Form #105

TOTAL AMOUNT REQUESTED

SignatureTitleDate