



September 2026

Dear County Fair Representative:

Enclosed please find information on the 2026 County Fair Racetrack Capital Improvement Program reimbursements.

The deadline to return all information is November **2, 2026**.

2026 County Fair Racetrack Capital Improvement Forms

The Agriculture & NYS Horse Breeding Development Fund, pursuant to Racing, Pari-Mutuel Wagering and Breeding Law § 332(2)(b), will disburse up to \$15,000 for the purpose of capital construction of, or equipment to maintain, the racetrack. Please use the enclosed forms to finalize your application for reimbursement of your expenses.

Forms included in this mailing are:

- Certification by Fiscal Officer (Form #205)
- Reimbursement For Capital Improvements (Form #206-A)
- Additional Items For Reimbursement For Capital Improvements (Form #206-B)

The Fund will review all forms and reimburse the applicants. All applicants will be required to enter into a Memorandum of Understanding with the Agriculture & New York State Horse Breeding Development Fund related to the Capital Construction Program. Please be sure to include proper evidence to support your expenditures. Before and after photos are suggested. Only claims prepared according to the instructions will be accepted.

You may return your updated information by:

- Email: Scan your information and email it to nyss@caphill.com
- Fax: 518-463-8656
- Mail: Agriculture & NYS Horse Breeding Development Fund, 230 Washington Ave
Extension Suite 101 Albany NY 12203
- If you have any questions, please call Fletcher Whyland 518-388-3651

Sincerely,

Fletcher Whyland
Executive Director



**Agriculture & NYS
Horse Breeding
Development Fund**

Form #205

CERTIFICATION BY FISCAL OFFICER

Name of County Fair/Society: _____

Address:

Year: _____

I certify this submission is hereby made for capital improvements to the applicant's racetrack, pursuant to Section 332, subdivision 2, paragraph B, of the NYS Consolidated Racing, Pari-Mutuel Wagering and Breeding Law, to cover expenditures outlined on Forms 206-A and 206-B attached.

The total amount requested in this submission for capital improvements 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: _____



REIMBURSEMENT FOR CAPITAL IMPROVEMENTS

Name of County Fair/Society: _____

Year: _____

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

If additional space is needed, use Form #206-B.

Amount Requested on this Form

Additional Amount Requested on Form #206-B

TOTAL AMOUNT REQUESTED

Signature

Title

Date



Form #206-B

ADDITIONAL ITEMS FOR REIMBURSEMENT FOR CAPITAL IMPROVEMENTS

Name of County Fair/Society: _____

Year: _____

Project Number	Item of Work	Quantity	Unit Price	Labor Cost	Cost of Materials, Equip., etc.	TOTAL
Amount Requested on this Form						

Add the amount requested on this form to Form #206-A
 Attach this form to Form #206-A