

2023 County Agricultural Investment Program (CAIP)/ Next Generation Farmer Program (NextGen)

Producer Packet Instructions

Please complete and sign:

1. The 2023 Producer Application
 - a. Please answer ALL questions. **Points will not be awarded to unanswered questions.**
2. The 2023 CAIP/NextGen Producer Report & Certification
3. The 2023 CAIP/NextGen Certification for Educational Requirement
 - a. If you have not completed the educational requirement prior to turning in your application, please remove this sheet and retain until it is completed. The education session must be completed prior to payment and/or July 1, 2024.
4. Please remove the Producer Guidelines & Responsibilities. These are for your records.
5. Turn in pages 39 & 40 of your completed KY Ag Water Quality Plan with your application, or your printable plan if completed online.
 - a. This will ensure you are awarded the proper points for question #13 related to Best Management Practices.

-
- Eligible projects must be completed by July 1, 2024, and all documentation turned in. Receipts must be dated June 7, 2023, or later.
 - Turn in an **ORIGINAL** signed application packet.
 - Can be handed directly to a Cooperative Extension Service staff member, or dropped in one of the 2 drop boxes located at the front and rear of the Ag Resource Building.

DEADLINE TO APPLY

January 10, 2024 by, 4:00pm

County Agricultural Investment Program (CAIP) 2023 Producer Application



WOODFORD COUNTY

- All answers provided shall be based on the individual applicant applying for CAIP funds.
- Applicant may be asked to verify responses and/or provide supporting documentation.
- All applicants must be 18 years or older at time of application.

PLEASE DETACH PRODUCER GUIDELINES. DO NOT SUBMIT WITH APPLICATION.

Applicant Information

First Name _____ Last Name _____

SSN _____
(REQUIRED)

Mailing Address _____
(Street)

(City, State Zip)

Email Address _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Farm Information

Farm Serial Number (FSN) _____
(REQUIRED)

Farm Service Agency Office _____
(Associated County)

COUNTY of FARM _____
(REQUIRED)

Tax ID _____
(For Tax Purposes ONLY)

Farm Name _____
(As listed with the Secretary of State)

Farm Address (If different from above)

(Street)

(City, State Zip)

Please select if you will be utilizing the above listed Tax ID for the purpose of your 1099. YES or NO

Does the FSN listed above span multiple counties? YES or NO (Please circle)
If yes, please list: _____

Eligibility Requirement: A copy of your **Kentucky Agriculture Water Quality Act (AWQA) Plan OR AWQA Self-Certification Form** for the farm listed above for which CAIP funding is requested.

Do you meet this requirements? YES or NO (Please circle) Provide verification/documentation with application.

For questions concerning the AWQA, visit eec.ky.gov/agwater or contact your Woodford County Conservation District Office at (859) 873-4941.

Farm Information - (Continued)

Will you be applying for CAIP funds in another county? YES or NO (Please circle)

Will anyone else in your household be applying for CAIP funds in this or another county? YES or NO
If yes, please list name(s) with county: (Please circle)

Name _____ County _____

Name _____ County _____

HOUSEHOLD EXCLUSION

Only **one** individual per household is eligible to **apply for** CAIP funds within a program year. If applicable, proof of residency may be requested to verify that multiple individuals within the same household are not applying.

Are you applying as a tenant farmer? YES or NO (Please circle)

If **yes**, please provide either 1) a FSA-578 form OR 2) a redacted copy of your schedule F AND written approval from the land owner giving you permission to use the owner's FSN and granting access to the cost-share item (for a minimum of five years for capital improvements).

Additionally, the "Tenant/Owner Acknowledgement Form" must be submitted prior to approval.

Please review Section A.2. of the attached Producer Guidelines for additional limitations to Tenant/Owner participation in CAIP.

PLEASE NOTE

PROJECT LOCATION

CAIP funds received shall be used for improvements in the **county in which funds are approved**, regardless of the county the Farm Serial Number (FSN) may span.

If your FSN spans multiple counties, you may be asked to provide verification that all projects are located within the county that funds are approved. There are **NO** exceptions to this policy.

Producer Questions

Questions in this section will be verified by your county program administrator for accuracy.

* **Answers may be adjusted by the administrator to reflect verified funding information. Points awarded will be for the verified answers.**

1. Check which answer **best describes** your past participation statewide in the County Agricultural Investment Program (CAIP) cost-share funds for the past five (5) program years:

- I have received cost-share funds once through CAIP
 I have received cost-share funds twice through CAIP
 I have received cost-share funds three or more times through CAIP
 I have never received cost-share funds through CAIP

2. In the previous program year*, check which answer **best describes** you:

**If county has "every other year policy," then the last program year you were eligible.*

- I received funding for a completed project
 I applied but was not approved for funding OR I did not apply
 I was approved for funding but did not complete my project
 I was approved for funding but notified administrator that I would not use funds.
 I was placed on a waiting list but did not receive funds
 I was placed on a waiting list, later approved but did not complete my project

Administrators – please initial next to verified answers.

3. Have you been a resident of WOODFORD County for the last 5 years or more?

- YES NO

4. Have you managed a farm in WOODFORD County for the last 5 years or more?

- YES NO

5. At the time of application, how long have you shared in the financial risks and/or participated in the business operation of a farm?

- Less than 1 year 6 to 10 years
 1 to 5 years More than 10 years

6. Did you file a schedule F, schedule C, and/or 4835 (IRS tax forms) for agricultural purposes in the previous year?

- YES NO

7. Please mark the statement that best describes your level of tobacco dependency (choose only one):

- I have owned quota or grown and marketed tobacco
- I have not grown tobacco or owned quota, but I am the son/daughter of someone who did
- I have never grown tobacco or owned quota

8. Within 5 years of the date of this application, have you done any of the following? (select all that apply)

- added a new farming enterprise specify*: _____
- modified an existing farming enterprise specify*: _____
- added a new practice specify*: _____

** The above are defined as follows:

- New farming enterprise: a new business or revenue stream on the farm. Ex. Produce bees in addition to their beef enterprise
- Modified an existing farming enterprise: Ex. Retaining a calves to feed out, process, and market as local beef
- New farming practice: Ex. Starting cover crops on a farm

9 a. Do you keep production records for your farming enterprises? (i.e. DHIA records, Farm Business Analysis, calving records, crop yields, etc.)

- YES NO

b. Are you currently utilizing recordkeeping software for your farming operation?

- YES NO

10. Have you increased your farm income by selling value-added products**?

- YES NO

If yes, what type of products*: _____

** USDA Value Added definition – Value-added products are defined as follows:

- A change in the physical state or form of the product
such as milling wheat into flour or making strawberries into jam
- The production of a product in a manner that enhances its value, as demonstrated through a business plan
such as organically produced products
- The physical segregation of an agricultural commodity or product in a manner that results in the enhancement of the value of that commodity or product
such as an identity preserved marketing system

11. Do you have a marketing plan for your operation?

- YES, not written YES, written YES, written with help of professional
- NO

12. Did you soil test within the last 24 months?

- YES NO

13. List up to 6 Best Management Practices (BMPs) from your Kentucky Agriculture Water Quality Plan in place in your farming operation.

- | | |
|---------|---------|
| 1 _____ | 4 _____ |
| 2 _____ | 5 _____ |
| 3 _____ | 6 _____ |

14. Have you updated your Ag Water Quality Plan?

YES, within 3 years YES, 4-5 years ago YES, 6+ years ago NO
Administrator may request verification of updated plan.

15. a. Are you a member of a county, statewide or national agricultural organization (e.g. cattlemen, grain growers, farm bureau, organic association, etc.)?

YES NO

If yes, please name the organization(s)*: _____

b. Are you in a leadership role? YES or NO (Please circle)

16. Are you currently subscribed to an Extension Newsletter? *Includes newsletters from Extension Specialists*

YES NO If yes, list the county/newsletter(s)*: _____

17. Are you currently subscribed to a Conservation District Newsletter?

YES NO If yes, list the county/newsletter(s)*: _____

18. Did you attend a financial, leadership or marketing-based education session within the last 12 months?

YES NO If yes, please list*: _____

19. Are you currently a Kentucky Proud member?

YES NO If yes, enter Member Number*: _____

Farm Name as Registered*: _____

For additional information or to check membership visit <http://www.kyproud.com/member/register/index/>

20. Have you sold ag-related products at a farmers market in the past 24 months?

YES NO If yes, name of market(s)*: _____

21. Have you hosted an on-farm demonstration, field day or informational workshop within the last 24 months?

YES NO

If yes, what type*: _____ Date of event*: _____

Total Points Possible 138

Eligible Investment Areas

The following investment areas are considered eligible for cost-share through CAIP. Please select **NO MORE** than **3** investment areas to receive cost-share funds.

A Producer is eligible for the total amount of CAIP funds requested below, not to exceed the county's maximum cost-share per producer limit - \$4,000.

Your county does not pro-rate.

A Producer shall not receive more than \$5,000 statewide in CAIP funds within a program year.

	INVESTMENT AREAS	Eligible for Cost-share up to \$	Total Expected Project Cost	Amount Requested from CAIP
1.	AGRICULTURAL DIVERSIFICATION	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Commercial Horticulture • Commercial Aquaculture Production • Timber Production, Utilization & Mktg. 			
2.	LARGE ANIMAL	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Beef, Dairy • Equine Please select if applying for a HEIFER PURCHASE: YES ___ NO ___ (Limit of <u>5</u> Heifers per program year.) Beef Bull Selection, select no more than 2 from the four bull types: (Limit of <u>2</u> Bulls per program year.) ___ 1. Balance Trait ___ 2. Carcass Merit ___ 3. Heifer Acceptable ___ 4. Terminal			
3.	SMALL ANIMAL	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Goat, Sheep or Swine Production • Bees • Rabbits 			
4.	FARM INFRASTRUCTURE	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Farm Storage/Equipment Facilities or Greenhouse Construction/Conversion • Livestock, Equine or Poultry Facilities • On-farm Composting 			
5.	FENCING & ON-FARM WATER	\$4,000		
6.	FORAGE & GRAIN IMPROVEMENT	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Forage, Pasture or Grain Improvement • Commodity Handling or Forage Equipment 			
7.	INNOVATIVE AGRICULTURAL SYSTEMS	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Fenceline Feeders or Gravel Paver Grid • Solar Powered Watering System, Tire Waterers or Water Harvesting 			
8.	ON-FARM ENERGY	\$4,000		
9.	POULTRY & OTHER FOWL	\$4,000		
10.	AGTECH & LEADERSHIP DEVELOPMENT	\$4,000		
11.	VALUE-ADDED & MARKETING	\$4,000		
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> • Value-added or Agritourism Development • Certified/Commercial Kitchen or Marketing & Promotion • Good Agricultural Practices (GAP) & Food Safety 			

Investment Area Information is available at www.kyagr.com/agpolicy.

Acknowledgement

The County Administrative Entity reserves the right to request or require sufficient documentation to verify the responses to each of the questions on this application. Inability or refusal to provide documentation for specific responses will result in zero points being awarded for that question. Confirmation of fraudulent responses shall result in disqualification for participation in this year's CAIP.

You also verify that only one individual in your household is eligible to receive CAIP funds within a given program year. Additionally, if you are a tenant/owner and your owner/tenant is also applying within the same program year, you may not receive funds in the same Investment Areas and must not use the same FSN.

You also certify that you are only eligible to receive funds in one of the following per program year; CAIP, Next Generation Beginning Farmer or Youth Agricultural Incentives Program.

Funded participants shall adhere to all local, state and federal rules and regulations.

By signing this, you acknowledge that you have read the above disclaimer as well as reviewed the *Producer Guidelines & Responsibilities* and that you accept and agree to be bound by the terms thereof.

Signature _____

Date _____

Please detach the *Producer Guidelines & Responsibilities* section of this application and keep for your records.

*Producers approved for funding must submit the **Producer Report & Certification** prior to receiving cost-share reimbursement. Visit www.kyaqr.com/aqpolicy to download a copy, or contact your program administrator.*

For county specific program questions, please contact your local Program Administrator.

For disputes, feedback or questions not resolved locally, please contact:

Kentucky Office of Agricultural Policy
502-573-0282



2023 CAIP / NextGen Producer Report & Certification

Producers must complete all relevant questions on the Producer Report **before** receiving cost-share reimbursement funds through KADF Programs (CAIP, NextGen).

This form is for the Administrator to keep on-file for each Producer receiving cost-share funds, and should aid in filling out the reports for this program.

This information will be used to help the Kentucky Agricultural Development Board evaluate the economic impact of programs on Kentucky's agricultural economy.

Administrator Information

County: _____

App. Number: _____

Producer Information

1-3 should match the information provided on your approved Producer Application.

1. **Producer Name:** _____
2. **Social Security Number:** _____ - _____ - _____
3. **Farm Information:**
 - a) Farm Serial Number (FSN): _____
 - b) SIZE of the FSN Farm (acres): _____
4. **Ever received cost-share funds?** YES NO
5. **Ever applied for cost-share funds?** YES NO
6. **Do you think this investment would have happended without CAIP funding?**
 - a. ___ Yes, it would have been completed in the same time period with other funds
 - b. ___ Yes, but on a smaller scale in the same time frame
 - c. ___ Yes, but delayed one (1) year or less
 - d. ___ Yes, but delayed more than a year
 - e. ___ No, this project would not have been undertaken
7. **Years shared in the financial risk &/or business operation?** _____
8. **Hours committed on the farm (circle best estimate)?**
Less than 10 hrs/wk 10-25 hrs/wk 26-39 hrs/wk 40+ hrs/wk

Educational Requirement

Have you fulfilled your educational requirement? YES NO

Title, date, location of educational session: _____

Attach your signed Certification for Educational Requirement

👉 *Submit this form with any required documentation, along with invoices/receipts.* 👈
Cost-share reimbursement shall not occur without submission of this Producer Report & Certification.

On the following pages, complete only the sections related to the Investment Area(s) for which cost-share reimbursement is being requested.

Investment Area Information

Mark each Investment Area for which cost-share reimbursement is being requested and complete the information requested for that section.

AGRICULTURAL DIVERSIFICATION

1. **Circle Investment Category – select all that apply (A, B, C)**
 - A. Commercial Horticulture Production
This includes fruits, herbs, mushrooms, ornamentals, sod, sweet sorghum, tobacco, and vegetables
 - B. Commercial Aquaculture Production
 - C. Timber Production, Utilization, & Marketing
 1. Timber Production & Marketing
 2. Forests Products, Utilization, & Marketing
2. **Describe cost-share reimbursement practice(s) – ex. Construction of aquaculture production pond:**

3. **Total Project Cost for this Investment Area:** _____

AGTECH & LEADERSHIP DEVELOPMENT

1. **Circle Investment Category – select all that apply (A, B, C, D, E, F)**
 - A. Precision Agriculture
 - B. Animal Data Management
 - C. Farm Safety
 - D. Computer Hardware / Record Management Software
 - E. Miscellaneous Equipment
For drones – provide documentation that all requirements have been met.
 - F. Leadership Development
 - Provide proof of enrollment/acceptance and contact information for leadership program coordinator
 - Provide invoice/letter from leadership program coordinator and copy of cancelled check for the full amount of the program
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

ANIMAL, LARGE

1. **Circle Investment Category – select all that apply (A, B)**
 - A. Cattle – Beef & Dairy **BQA #** _____
 1. Genetics
 2. Handling Facilities *Including secure lots or pens for holding, sorting, bulls, calves*
 3. Milk Production
 - B. Equine
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

___ **ANIMAL, SMALL**

1. **Circle Investment Category – select all that apply (A, B, C, D)**
 - A. Goat, Sheep Production **SRQA #** _____
 1. Genetics
 2. Handling Facilities
 3. Milk Production
 - B. Swine **PQA #** _____
 - C. Bees
 - D. Rabbits
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

___ **FARM INFRASTRUCTURE**

1. **Circle Investment Category – select all that apply (A, B, C, D)**
 - A. Farm Storage Facilities
 - B. Greenhouse Construction/Conversion
 - C. Livestock, Equine, Poultry Facilities
 - D. On-Farm Composting
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

___ **FENCING & ON-FARM WATER**

1. **Circle Investment Category – select all that apply (A, B)**
 - A. Fencing
 - Provide FSA Farm Map or PVA Farm Map with total distance of the fence being built drawn on the map.
 - Agricultural justification for fence: _____
 - B. On-Farm Water
 1. Water Source Enhancement / Development
 2. Water Movement
 3. Environmental Stewardship (a.k.a field drainage)
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

___ **FORAGE & GRAIN IMPROVEMENT**

1. **Circle Investment Category – select all that apply (A, B)**
 - A. Forage, Pasture & Grain Production
 - B. Commodity Handling and Forage Equipment
2. **Describe cost-share reimbursement practice(s):** _____

3. **Total Project Cost for this Investment Area:** _____

___ **INNOVATIVE AGRICULTURAL SYSTEMS**

1. **Circle Investment Category – select all that apply (A, B, C, D, E)**
 - A. Fenceline Feeders
 - B. Gravel Paver Grid
 - C. Solar Powered Watering System
 - D. Tire Waterers
 - E. Water Harvesting

2. Describe cost-share reimbursement practice(s): _____

3. Total Project Cost for this Investment Area: _____

___ **ON-FARM ENERGY**

1. Circle Investment Category – select all that apply (A, B, C, D, E)
 - A. Upgrades to All Applicable Farms
 - B. Energy Efficient Building Components / Renewable Energy Projects
 - C. Professional Fees and Training
 - D. Biomass Energy Crop Production
 - E. Equipment and Infrastructure for On-Farm Energy Production
2. Describe cost-share reimbursement practice(s): _____

3. Total Project Cost for this Investment Area: _____

___ **POULTRY & OTHER FOWL**

1. Describe cost-share reimbursement practice(s): _____

2. Total Project Cost for this Investment Area: _____

___ **VALUE-ADDED & MARKETING**

1. Circle Investment Category – select all that apply (A, B, C, D, E)
 - A. Value-Added
 - B. Agritourism Development
 - C. Certified/Commercial Kitchen Construction or Renovation
 - D. Marketing & Promotion
 - E. Good Agricultural Practices (GAP) & Food Safety
2. Describe cost-share reimbursement practice(s): _____

3. Total Project Cost for this Investment Area: _____

Producer Certification

I hereby certify that I have read all of the requirements for the KADF cost-share program for which reimbursement is being requested and agree to follow the guidelines established by the KADB. I understand that I am required to provide all of the above information prior to receiving cost-share.

I also certify that I have not received more than the \$5,000 maximum cost-share per producer annual limit, through this program from this and/or any another county within the same program year.

I agree to use the cost-share funds I receive in the manner intended by the Kentucky Agricultural Development Board. I agree to follow all Investment Area Guidelines for eligibility and reimbursement.

Signature:	
Name Printed:	Date:

VI. Producer Guidelines & Responsibilities

*Funded participants shall adhere to all local, state, and federal rules and regulations.
Any application that does not meet eligibility requirements will not be scored.*

The County Administrative Entity and/or the County Program Administrator reserves the right to request or require additional documentation to verify information provided in producer's application.

Confirmation of fraudulent responses shall result in disqualification for participation in this year's CAIP.

*Applicants are only eligible to receive funds in **one** of the following programs per program year: **CAIP, Next Generation Beginning Farmer, Youth Agricultural Incentives Program***

A. Eligibility Requirements

Only one application per household will be considered for funding. A household for the purpose of this program is defined as follows:

1. Household

- a. Only **one** individual per household, regardless of county, is eligible to **apply for** CAIP funds within a program year. If applicable, proof of residency may be requested to verify that multiple individuals within the same household are not applying.
- b. Residency is determined by a valid driver's license or photo ID and one utility bill. The address on both the ID and utility bill must match the address provided on the CAIP application. A copy of both shall be placed in the file with the application.

2. TENANT/OWNER

If applying as a tenant/land owner, then the following also apply:

- a. Tenant farmers are required to obtain written permission from the landowner to use the landowner's FSN on a CAIP application. Written permission must be submitted with the application to be eligible.
- b. Additionally, the tenant farmer shall submit the "Tenant/Owner Acknowledgement Form" prior to approval.
- c. **Limitations** for Tenant/Owners that both apply for CAIP:
 - i. A tenant farmer and a landowner are both eligible to apply with separate FSNs; however, both may not receive funds within the same Investment Area.
 - ii. In the event a tenant secures written permission from the landowner and both apply for CAIP, the tenant farmer and landowner are prohibited from applying for funds **within the same Investment Area** in the same program year.

3. PRODUCER DEFINITION

- a. A producer is defined by use of **Social Security Number (SSN) and Farm Serial Number (FSN). Both shall be provided when applying.** Once the Social Security Number (SSN) or Farm Serial Number (FSN) is used, neither are eligible to be used again once annual limit is reached.

[Example: SSN – 123-45-6789 combined with FSN – 4567, would discontinue the eligibility of both the SSN and FSN.]

DO NOT SUBMIT WITH APPLICATION – RETAIN FOR YOUR RECORDS

- b. Producers who intend to take part in the program shall supply a Social Security Number (SSN) and Farm Serial Number (FSN) to receive payment. Both of these numbers must be supplied to the Kentucky Agricultural Development Board.

The Kentucky Agricultural Development Board recognizes every applicant's right to privacy and understands its obligation to keep applicant/producer information confidential. Any information provided to the Kentucky Agricultural Development Board or Program Administrator on individual producer applications for CAIP, such as the applicant's Social Security Number and Farm Serial Number, will be kept confidential by authority of the Kentucky Agricultural Development Board as granted in KRS 248.701 to 248.727 and by KRS 61.878. The Kentucky Agricultural Development Board does not disclose any nonpublic personal information regarding applicants/producers, past or present, except as permitted or required by the Kentucky Open Records Act, KRS 61.870 to 61.884 or other law(s).

- c. Producers must be 18 years of age or older at time of application to apply for CAIP funds.
- d. Counties may choose to limit eligible producers to receive funding every other year. If a county has adopted this policy, it will be printed in bold on the front page of the county's Universal Producer Application.

- 4. Applicants shall have completed a Kentucky Agriculture Water Quality Act (AWQA) Plan with either the complete plan or a self-certification form the farm for which CAIP funding is requested and provide verification or documentation with application.

5. EXCLUSIONS

*The following individuals **and** members of his/her households are ineligible to apply for CAIP funding:*

- a. Program administrator (*individual(s) managing the program*).
- b. Members of the Scoring Committee (see II.A.2.).

6. **Cost-Share Reimbursement**

Investment Area Information is Available at www.kyagr.com/agpolicy.

- 1. Funds disbursed to producers shall be on a reimbursement basis, **upon completion of the project**.
- 2. CAIP funds received shall be used for improvements on the land assigned to the Farm Serial Number (FSN) provided on the producer's application, independent of the county in which the FSN is registered.
- 3. A producer is eligible for up to the county's maximum cost-share per producer limit not to exceed \$5,000. Producers shall not receive more than \$5,000 statewide per producer per program year (program year is defined by the year the application is approved by the Kentucky Agricultural Development Board).
- 4. In the event that it is determined that a producer has received more than \$5,000 in a program year, then the producer will be asked to return the amount over \$5,000 to the last county that reimbursed the producer.

If the producer fails to reimburse the amount over \$5,000, then the producer is ineligible to receive further CAIP funding (statewide) until repayment is made.

DO NOT SUBMIT WITH APPLICATION – RETAIN FOR YOUR RECORDS

5. The producer shall supply a dated receipt indicating buyer and seller information, along with a description of the item(s) purchased in order to be eligible for payment. **Payment shall only be made for eligible cost-share items.**
6. **NO CASH PURCHASES** are allowed for reimbursement.
7. **Beginning in 2020**, producers shall submit proof of payment – either a cancelled check, copy of relevant credit/debit card statement, financing paperwork, or other method of payment, excluding cash.
8. Approved producers shall submit the *Producer Report & Certification* form completing the sections for the program/investments being cost-shared, **before** reimbursement funds are received.
9. **Deadlines:** Should the producer fail to use approved funds by the program administrator's reimbursement deadline, said funds shall be reallocated to the next eligible applicant time permitting.

B. Exclusions

1. Reimbursements for purchases, including labor, from the producer's immediate family (e.g. father/mother, son/daughter, brother/sister, aunt/uncle, niece/nephew), including in-laws and step family, are not eligible.
2. Cost-share shall not be provided for items traded or sold between producers who share interest in a farm operation. This includes the use of a third party to buy/sell the same items amongst the producers.
3. Documented hired labor is an eligible cost-share item; however, reimbursement will not be awarded for labor provided by the producer and/or the producer's immediate family (e.g. father/mother, son/daughter, brother/sister, aunt/uncle, niece/nephew), including in-laws and step family.
4. **Beginning in 2010**, all transport equipment was removed as eligible cost-share items from all investment areas. This exclusion includes trailers, wagons, and carts with the primary function of transportation.
5. **Beginning in 2012**, all fertilizer, pesticide, herbicide, and soil amendments (excluding lime) were removed as eligible cost-share items from all investment areas.

C. Educational Requirement

1. Participation in CAIP requires the applicant to complete a minimum of one (1) educational component prior to the disbursement of funds related to farm management, production, best management practices or marketing. Eligible sessions include extension-sanctioned activities, such as workshops, seminars, field days, on-line courses, webinars, etc.
 - a. Documentation of attendance is required and the session must not have been submitted to meet the CAIP education requirement for a prior year.
 - b. A county extension agent must sign off on all educational components by signing an individual producer's "Certification for Educational Requirement" form.
In special circumstances, Agents may use discretion on who completes the educational requirement with prior notification to KOAP.

DO NOT SUBMIT WITH APPLICATION – RETAIN FOR YOUR RECORDS

- c. Cost-share payments shall not be issued to producers before the educational requirement has been met. *The educational component may be attained anytime prior to disbursement of funds, but no more than 6-months prior to execution of the Legal Agreement.*
2. **Educational Videos:** The following Investment Areas have an optional educational video component. The videos may fulfill the educational requirement referenced in D.1. above.
 - a. Large Animal – “Cattle Handling & Care (BQCA)” or “Cattle Genetics”
 - b. Farm Infrastructure – “Commodity Storage & Livestock Handling”
 - c. Fencing & On-Farm Water – “Installation & Regulations”
 - d. Forage & Grain Improvement – “Farm Practices & Recommendations”
 - e. Technology & Leadership Development – “Farm Safety”

All educational videos are available through the County Cooperative Extension Service.
3. **Exclusion:** Attendance at an informational meeting to review updated guideline changes and discuss the producer application does not satisfy this requirement.

D. Capital Improvements – Equipment, Fencing, Farm Structures

1. CAIP funds received shall be used for improvements in the county in which funds are awarded, regardless of the counties the FSN may span.

If the FSN spans multiple counties, then the producer shall provide verification that all projects are located in the county in which funds are awarded. There are no exceptions to this policy.

2. Producers shall maintain ownership of the property for five (5) years past the participation date in the program.
 - a. Should a producer fail to maintain ownership of property for the entire 5-year period, administrators shall request a return of funds on a pro-rated basis.
 - b. Emergency early release is possible in the case of death, illness, physical inability or transfers within immediate family and must be approved by the local administrative entity and documentation kept on file for future reference.
 - c. Failure to return funds will result in the producer being ineligible to receive additional Kentucky Agricultural Development Funds until repayment is made.
 - d. Administrators shall provide producers failing to meet the ownership requirement a written notice, giving a minimum of 30 days to repay the pro-rated amount.
3. **Producers shall retain adequate insurance coverage**, if applicable, to replace any and all capital improvement/equipment projects funded with Kentucky Agricultural Development Funds. *Proof of insurance may be requested by the program administrator at the time of reimbursement or during a site visit.*
4. Tenant farmers or those leasing land where capital construction improvements will be located shall provide an FSA-578 or a redacted copy of their Schedule F and written approval from the landowner, giving permission to use the owner’s FSN and granting access to the cost-share item(s) for a minimum of five (5) years.



2023 County Agricultural Investment Program (CAIP) CERTIFICATION FOR EDUCATIONAL REQUIREMENT

THIS COMPLETED DOCUMENT IS REQUIRED FOR REIMBURSEMENT

Participation in CAIP requires a minimum of one (1) educational component attained within the last 6-months related to farm management, production, best management practices, or marketing. Eligible sessions include extension-sanctioned workshops, seminars, field days, on-line courses, webinars, etc.

- Documentation of attendance is required and the session must not have been submitted to meet CAIP education requirement for a prior year.
- **A county extension agent must approve all educational sessions**, by signing this individual producer "Certification for Educational Requirement."
- Cost-share payments shall not be issued to producers before the educational requirement has been met, and this completed form has been submitted.

Your Name: _____

Topic: _____

Name of Presenter(s): _____

Organization sponsored session: _____

How does this session relate to your farm? _____

Write about your experience: What did you learn? What did you see? Who did you meet? What did you discover? Did you find a new business contact?

Your Signature: _____	Date _____
Presenter / Event Representative's Signature: _____	
Title _____	Date _____
County Extension Agent Signature of Approval: _____	
Title _____	Date _____