



2019 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?** _____

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 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:** _____

____ 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
 1. Genetics
 2. Handling Facilities
 3. Milk Production
 - B. Swine
 - 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:** _____

____ **TECHNOLOGY & 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
 - 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:** _____

____ **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. 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 KADB 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: |