



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: Shelby

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 happened 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:

Summary of CAIP Expenses



Name:			Farm #:	
Instructions: Organize expenses by investment area. Number relevant documentation with the corresponding expense number listed below. Provide a total for each investment area. Then provide grand total of all investment areas. Example provided on the back of this form.				
Expense Number*	Seller	Date	Amount	Description
Investment Area: _____ (No more than 3 investment areas allowed.)				

For each expense provide:
 (1) copy of legible receipt
 (2) proof of purchase - check image, debit/credit card statement, financing paperwork

*Number each receipt and relevant documentation
 to correspond to number on list above.

Summary of CAIP Expenses



Name: <i>Example</i>		Farm #: <i>1234</i>		
Instructions: Organize expenses by investment area. Number relevant documentation with the corresponding expense number listed below. Provide a total for each investment area. Then provide grand total of all investment areas. Example provided on the back of this form.				
Expense Number*	Seller	Date	Amount	Description
Investment Area: <u>Fencing (example)</u>				
1	Fence USA	12/1/2023	\$ 1,525.00	Posts
2	ABC Fence	1/20/2024	1,000.00	Woven Wire
3	Fencing Supply	1/25/2024	75.00	Fence Hardware
			<u>2,600.00</u>	
Investment Area: <u>Large Animal (example)</u>				
4	Cow Supply Company	10/20/2023	1,500.00	filter fabric pad
5	123 Livestock Co.	12/15/2023	900.00	mineral feeder
			<u>2,400.00</u>	
		Grand Total	<u>\$ 5,000.00</u>	

For each expense provide:

- (1) copy of legible receipt
- (2) proof of purchase - check image, debit/credit card statement, financing paperwork

*Number each receipt and relevant documentation to correspond to number on list above.



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 _____