

# KADF 2024 CAIP / NextGen Kentucky Agricultural Development Fund 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.*

<p><b>Administrator Information</b></p> <p>County: _____</p> <p>App. Number: _____</p>
--

## 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/NextGen 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 (circle best estimate)?**  
 Less than 1 year            1-5 years            6-10 years            More than 10 years
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 **BQCA #** \_\_\_\_\_
    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
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: