



# County Agricultural Investment Program (CAIP) 2024 Producer Application

## SAMPLE COUNTY

If your county participates in “every other year” policy, then there will be a statement here, regarding eligibility to apply.

Changes from last year are highlighted in yellow.

- 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; not related to tax exemption)

Farm Name \_\_\_\_\_  
(As listed with the Secretary of State)

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

Farm Address (If different from above)  
\_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State Zip)

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

**Eligibility Requirement:** You must either have a **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](http://eec.ky.gov/agwater) or contact your <<County>> County Conservation District Office at <<Consv. Dist. phone #>>.

**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 (Please circle) **If yes, please list name(s) with county:**

Name \_\_\_\_\_

County \_\_\_\_\_

Name \_\_\_\_\_

County \_\_\_\_\_

**HOUSEHOLD EXCLUSION**

Only one individual per household is eligible to apply for CAIP funds within a program year. **Proof of residency is required** to verify that multiple individuals within the same household are not applying. **Additionally, all applicants must be a resident of Kentucky.**

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.

Maximum points per question are designated in BLUE and in parentheses at the end of each question. You must be able to verify your responses to each question. If you cannot provide verification when asked, then you will forfeit points for that question.

**Producer Questions**

**133 points possible**

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 program years: (10)

- 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 not received cost-share funds through CAIP in the last five years

2. In the previous program year\*, check which answer **best describes** you: (15)  
*\*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 <COUNTY> County for the last 5 years or more? (5)

- YES  NO

4. Have you managed a farm in <COUNTY> County for the last 5 years or more? (5)

- 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? (10)

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

**SAMPLE ONLY**

6. Did you file a schedule F, schedule C, and/or 4835 (IRS tax forms) for agricultural purposes in the previous year? (20)

YES  NO

7. Please mark the statement that best describes your level of tobacco dependency (choose only one): (10)

- 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) (3)

- added a new farming enterprise specify\*: \_\_\_\_\_  
 modified an existing farming enterprise specify\*: \_\_\_\_\_  
 added a new practice specify\*: \_\_\_\_\_  
 none of the above

\*\* 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.) (6)

YES  NO

b. Are you currently utilizing recordkeeping software for your farming operation? (6)

YES  NO

10. Have you obtained a Premises Identification Number (PIN) with the Kentucky Department of Agriculture Office of the State Veterinarian? (5)

YES  NO If yes, list the number\*: \_\_\_\_\_

For additional information, contact [statevet@ky.gov](mailto:statevet@ky.gov) or visit [www.kyagr.com/statevet](http://www.kyagr.com/statevet)

11. Do you have a marketing plan for your operation? (3)

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

12. Did you soil test within the last 24 months? (4)

YES  NO

13. Have you updated your Ag Water Quality Plan? (5)

YES, within 3 years  YES, 4-5 years ago  YES, 6+ years ago

*Administrator may request verification of updated plan.*

For questions concerning the AWQA, contact your <<County>> County Conservation District Office at <<Consv. Dist. phone #>> or visit [eec.ky.gov/agwater](http://eec.ky.gov/agwater).

**SAMPLE ONLY**

14. a. Are you a member of a county, statewide, or national agricultural organization (e.g. cattlemen, grain growers, farm bureau, organic association, etc.)? (4)  
\_\_ YES \_\_ NO  
If yes, please name commodity group(s)\*: \_\_\_\_\_
- b. Are you in a leadership role? YES or NO (Please circle) (2)
15. Are you currently subscribed to an Extension Newsletter? *includes newsletters from Extension Specialists* (5)  
\_\_ YES \_\_ NO If yes, list the county/newsletter(s)\*: \_\_\_\_\_
16. Did you attend a financial, leadership, or marketing-based education session within the last 12 months? (5)  
\_\_ YES \_\_ NO  
If yes, please list\*: \_\_\_\_\_
17. Are you currently a Kentucky Proud member? (2)  
\_\_ 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/>
18. Have you sold ag-related products at a farmers market in the past 24 months? (2)  
\_\_ YES \_\_ NO If yes, name of market(s)\*: \_\_\_\_\_
19. Have you hosted an on-farm demonstration, field day, or informational workshop within the last 24 months? (2)  
\_\_ YES \_\_ NO If yes, what type\*: \_\_\_\_\_ Date of event\*: \_\_\_\_\_
20. Did you attend a CAIP Producer Information meeting for the current program year? (4)  
\_\_ YES \_\_ NO If yes, date of event\*: \_\_\_\_\_

Total Points Possible 133

## 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 - <Producer Limit>.

*Your county <pro-rates among approved applicants / pro-rates only ties / does not pro-rate >.*

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

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

## 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 Farmer Program, 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 <https://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  
[KOAP@ky.gov](mailto:KOAP@ky.gov)

**DO NOT SUBMIT WITH APPLICATION – RETAIN FOR YOUR RECORDS**

**THE FOLLOWING SECTION IS PROVIDED TO ALL PRODUCERS APPLYING FOR CAIP FUNDS AS PART OF THE UNIVERSAL PRODUCER APPLICATION**

## **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. **Proof of residency is required** to verify that multiple individuals within the same household are not applying.

**b. Additionally, all applicants must be a resident of Kentucky.**

c. Residency is determined by a valid **Kentucky** 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 **submitted and** placed in the file with the application.

#### 2. TENANT/OWNER

*If applying as a tenant/landowner, 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. The tenant farmer must submit either an FSA-578 form **or** a redacted copy of the tenant's 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.

b. **Additionally**, the tenant farmer must 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 the annual limit is reached.



**SAMPLE ONLY**

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

- 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 the 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. Applicants may submit a **voluntary** third-party information request form for the Farm Service Agency (FSA) with their application to allow the program administrator to request information directly from FSA, with the producer's permission.

6. EXCLUSIONS

*The following individuals are ineligible to apply for CAIP funding:*

- a. Members of the Scoring Committee (see II.A.2.) and their households.
- b. **Beginning in 2020**, the program administrator (*individual(s) managing the program*) **and** members of his/her household will be ineligible to apply for CAIP.

**B. Cost-Share Reimbursement**

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.

**SAMPLE ONLY**

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 before reimbursement funds are received – 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.

**C. 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 were removed as eligible cost-share items from all investment areas.

**D. 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 approve 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.*
  - c. Cost-share payments shall not be issued to producers before the educational requirement has been met. *The educational component may be attained any time prior to disbursement of funds, but no more than 6-months prior to the execution of the Legal Agreement.*

**SAMPLE ONLY**

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, with county extension agent approval.

- a. Large Animal – “Cattle Genetics”
- b. Farm Infrastructure – “Commodity Storage & Livestock Handling”
- c. Fencing & On-Farm Water – “Installation & Regulations”
- d. Forage & Grain Improvement – “Farm Practices & Recommendations”
- e. AgTech & 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.

**E. 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. Prior to approval, tenant farmers or those leasing land where capital construction improvements will be located must provide the Tenant/Owner Acknowledgement Form, 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.