

County Agricultural Investment Program (CAIP)
2020 Producer Application

PIKE 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.

Applicant Information

First Name _____ Last Name _____

SSN _____

Mailing Address _____
(Street)

(City, State Zip)

Email Address _____

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

Farm Information

Farm Serial Number (FSN) _____

Farm Service Agency Office _____
(Associated County)

COUNTY of FARM _____

Tax ID _____
(For Tax Purposes ONLY)

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: _____

****New for 2020**** A copy of your Kentucky Agriculture Water Quality Act (AWQA) Plan OR AWQA Self-Certification Form must be on-file at the conservation district office for the farm listed above for which CAIP funding is requested. Do you meet this requirements? YES or NO (Please circle)

For questions concerning the AWQA, visit <http://conservation.ky.gov/Pages/AgricultureWaterQuality.aspx> or contact your PIKE County Conservation District Office at (606) 432-4695.

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?

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. 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.

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 / 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

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

YES NO

4. Have you managed a farm in PIKE 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 and/or schedule C (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. Have you added a new farming enterprise, modified an existing farming enterprise, and/or added a new practice within 5 years of the date of this application?

- YES NO

If yes, what did you add or modify*: _____

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*: _____



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

- YES 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 within the past 5 years?

YES NO

15. a. Are you a member of a county, statewide or national commodity group (e.g. cattlemen, poultry, swine, etc.)?

YES NO

If yes, please name commodity group(s)*: _____

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

16. Are you currently subscribed to an Extension Newsletter?

YES NO

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

YES NO

If yes, please list*: _____

18. Are you currently a Kentucky Proud member?

YES NO

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

19. 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*: _____

20. Did you attend a CAIP Producer Information meeting** for the current or previous program year?

YES NO

If yes, date of event*: _____

**This is not your education component, only a meeting on the CAIP program itself.

Total Points Possible 130

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 - \$2,000.

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 \$	Select NO MORE than 3 Investment Areas
1.	AGRICULTURAL DIVERSIFICATION	\$2,000	
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> ▪ Commercial Horticulture or Commercial Aquaculture Production ▪ Timber Production, Utilization & Mktg. 		
2.	LARGE ANIMAL	\$2,000	
	Eligible Areas – See Investment Area Guidelines for more information. <ul style="list-style-type: none"> ▪ Beef, Dairy or Equine Please select if applying for a HEIFER PURCHASE: YES ___ NO ___ (Limit of 5 Heifers per program year.) Beef Bull Selection, circle no more than 2 from the six bull types: (Limit of 2 Bulls per program year.) 1. Balance Trait 2. Carcass Merit 3. Heifer Acceptable 4. High Productivity 5. Low Maintenance 6. Terminal		
3.	SMALL ANIMAL	\$2,000	
	Eligible Areas – See Investment Area Guidelines for more information. Goat, Sheep, Swine, Bees, Rabbits		
4.	FARM INFRASTRUCTURE	\$2,000	
	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	\$2,000	
6.	FORAGE & GRAIN IMPROVEMENT	\$2,000	
	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	\$2,000	
	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	\$2,000	
9.	POULTRY & OTHER FOWL	\$2,000	
10.	TECHNOLOGY & LEADERSHIP	\$2,000	
11.	VALUE-ADDED & MARKETING	\$2,000	
	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 ▪ Food Safety 		

Investment Area Information is available at <https://egpolicy.ky.gov/funds/Pages/program-portal.aspx>.

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. This **new** form takes the place of the old *Producer Certification and Individual Producer Reports*. Visit <http://agpolicy.ky.gov> to download a copy, or contact your program administrator.*

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

Governor's Office of Agricultural Policy
502-564-4627