

County Agricultural Development Council Prioritization Sheet

APPLICANT:	TAX ID NUMBER:
PROJECT TITLE:	
\$ AMOUNT COUNTY FUNDS REQUESTED:	\$ AMOUNT COUNTY FUNDS COMMITTED:
REDUCED PRODUCER MATCH REQUESTED? (Model Programs – Only)	REDUCED PRODUCER MATCH APPROVED? (Model Programs – Only)
Y / N Amount: _____ (not below 25%)	Y / N Amount: _____ (not below 25%)

The _____ County Agricultural Development Council has reviewed this application for county agricultural development funds and has taken into consideration both the County Comprehensive Plan for Agricultural Development and Kentucky’s Long-Term Plan for Agricultural Development in its deliberation.

As this proposal relates to our County Comprehensive Plan and Kentucky’s Long-term Plan for Agricultural Development, this proposal has been ranked the following (circle one):

a High priority

a Low priority

by the majority of County Agricultural Development Council members present & eligible to vote.

If Low Priority given, then list reason: _____

Is this a county contribution to a multi-county state funding application? Yes No
If yes, are county funds to be awarded if state funds are denied? Yes No

Signatures of County Council Members Present*

_____, **Chair**

_____, **Secretary**

DATE: _____

* If County Council Members have the potential to gain from this proposal, attach a letter of potential conflict of interest to this form.