

Producer Certification Form

***Producer:** Please retain a copy for your records.*

***Administrator:** Please keep with producer's application.*

This information is required for a producer to receive funding and should be completed prior to reimbursement of funds.

The overall mission of the Kentucky Agricultural Development Fund is to help the agriculture community diversify their agricultural operations and increase net farm income. To that end, the County Agricultural Investment Program (CAIP) was developed to provide cost-share assistance to individual producers through a local program administrator. To judge the success and impact of this program, as well as monitor the distribution of these funds, the Kentucky Agricultural Development Board requires the below information.

All confidential information provided by the applicant shall be protected by the Kentucky Agricultural Development Board and the County Agricultural Development Council, as outlined in the CAIP guidelines and the Kentucky Open Records Act, KRS 61.870 to 61.884.

Name:	
Farm Serial Number (FSN):	Social Security Number (SSN):
Farm Address:	
Farm County:	

I, _____, hereby certify that I have read all of the terms and requirements for the County Agricultural Investment Program (CAIP) and agree to follow the guidelines. I understand that I am required to provide all of the above information prior receiving funds in this program.

I also certify that I have not received more than \$5,000 statewide per producer per program year, through the County Agricultural Investment Program (CAIP) from another county within this program year. (Program year is defined by the year the application is approved by the Kentucky Agricultural Development Board)

I agree to use the funds I receive in the manner intended by the Kentucky Agricultural Development Board and the Program Administrator. I further agree to provide copies of invoices, receipts, cancelled checks, etc. to the Program Administrator.

I will report the progress and results of these improvement practices and any resulting economic value to my operation.

Signature:	
Name Printed:	Date: