



2020 On-Farm Water Management SMALL SCALE GRANT PROGRAM

Application Number:
GOAP Use Only

👉 **PLEASE CAREFULLY REVIEW THIS PROGRAM'S GUIDELINES PRIOR TO COMPLETING AN APPLICATION** 👈

Funded participants shall adhere to all local, state and federal rules and regulations.
Direct questions concerning this application to the Governor's Office of Agricultural Policy:
Renee Carrico, project manager, renee.carrico@ky.gov or 502-782-2719.

Applicant Information			
Has this organization/individual ever submitted an application to the KADF? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1a. Organization Name (Legal Name of the Farm Business Entity or Individual):		1b. Tax Identification Number (EIN/SSN):	
<i>Must match the name registered to the TIN provided in 1b.</i>		<i>Nine digit number issued by the IRS</i>	
1c. County	1d. For Profit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1e. Main Phone ()	1f. Digital Media (opt.) Twitter Handle:
1g. Registered with the Ky. Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> N/A - <i>individuals/sole proprietors are not required</i> <input type="checkbox"/> No	<i>If you are not registered, and are required to be, then visit sos.ky.gov.</i>		Facebook ID: Website:
2. Organization Address (Check will be mailed here)			
<i>Address Line 1</i>		<i>Address Line 2</i>	
<i>City</i>	KY <i>State</i>	<i>ZIP Code</i>	
3a. Authorized Representative (AR) (person authorized to sign legal contracts on behalf of the organization/individual)			
<i>Prefix</i>	<i>Name (First MI Last)</i>		<i>Title</i>
3b. AR Contact Info			
<i>Email</i>		<i>Work Phone</i>	<i>Mobile/Cell Phone</i>
3c. AR Address (Legal Agreement will be mailed here)			
<i>Address Line 1</i>		<i>Address Line 2</i>	
<i>City</i>	KY <i>State</i>	<i>ZIP Code</i>	
4a. Project Contact (if different from AR, person(s) responsible for the daily management of the project)			
<i>Prefix</i>	<i>Name (First MI Last)</i>		<i>Title</i>
4b. Project Contact Info			
<i>Email</i>		<i>Work Phone</i>	<i>Mobile/Cell Phone</i>
4c. If there are multiple project contacts, then list others here with name, email and phone:			

Project Location & Request			
5. Project Address (If different than addresses in 2. or 3c. above)			
Address Line 1		Address Line 2	
City	KY State	ZIP Code	
6. Project County:		7. Farm Serial Number (FSN):	
8a. Total Project Costs: \$		8b. Total Funds Requested: \$	
<i>(Max. \$10,000, not to exceed 50% of total project costs.)</i>			
9. Project Enterprise (select one): Beef Dairy* Grain Horticulture Poultry Other – Specify:			
<i>(*Dairy applicants shall be permitted by the Kentucky Milk Safety Branch)</i>			

Documentation Check List


Please mark each item that is included in the submitted application.

An incomplete application may delay processing of request.

- Completed application**, signed by the Authorized Representative of the entity or individual applying
- Registered and in good standing with the Secretary of State**
(Exceptions: sole proprietorship / unregistered partnership)
- Narrative**, discussion of the project's objectives and explanation of any other economic benefits of the project. *The narrative does not replace other questions in the application, but may assist the review committee in its evaluation of the application.*
- Documentation of Kentucky Agriculture Water Quality Plan**
<https://eec.ky.gov/Natural-Resources/Conservation/Pages/Agriculture-Water-Quality-Act.aspx>
- Documentation of Purchases (new/used)**, quotes from manufacturer and/or installer
- Farm Income Documentation**, for the last two years
Documentation related to farm income calculation
(see On-Farm Water Guidelines page 8 Section 1)

Please, DO NOT submit applications with any type of binding (e.g. notebooks, spiral binding, etc.)

For program eligibility, eligible expenses and other information about this program, see
On-Farm Water Management Program 2020 Guidelines
"V. SMALL SCALE GRANT PROGRAM"

The Kentucky Agricultural Development Board and the Governor's Office of Agricultural Policy reserve the right to request or require revisions or clarifications of submitted proposals.

Project Budget and Funding Sources

Full Project Budget:

For this section, list all items where reimbursement is being requested (this includes building components, equipment, etc.). Add lines as needed.

Please note: there is no maximum on total project costs, however, reimbursement is only available up to \$10,000.

<u>Best Management Practice*</u> <i>(Example: 636 – Water Harvesting Catchment)</i>	<u>Investment Item</u> <i>(Example: cistern)</i>	<u>Total Item Cost</u> <i>(include installation)</i>	Amount Requested from OFWM Small Scale Grant <i>(if not marked, 50% of item cost presumed)</i>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Totals:		\$	

*See Appendix B of the 2020 On-Farm Water Management Program Guidelines for “Eligible On-Farm Water Management Program Practices.”

Matching Funds:

For this section list all sources of funds that will finance remainder of the project. Examples of other sources include EQIP, loans, personal funds, etc. Please also mark the amount and status as secured or pending.

Please note: Kentucky Agricultural Development Funds can only comprise up to 50% of the total project costs. This means any combination of CAIP, Next Generation, KADF On-Farm Energy, KADF On-Farm Water or KAFC loan cannot exceed 50% of total costs on any one project.

<u>Source of Match</u>	<u>Secured or Pending</u>	<u>Match Amount (\$)</u>
Total:		

Disclaimer and Signature

By affixing a signature to this application, the applicant(s) certifies that he/she has read and understands the guidelines governing funds and agrees to all conditions set forth therein; and that all information contained in this application package is true to the best of the applicant's knowledge, information, and belief.

The Governor's Office of Agricultural Policy (GOAP) 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 or confirmation of fraudulent responses will result in disqualification for consideration.

Funded participants shall adhere to all local, state and federal rules and regulations.

Additionally, I understand that GOAP is a governmental entity and has the obligation to inform the public regarding the disbursement of funds. All personal financial information will remain confidential; however, pursuant to KRS 61.872, I acknowledge that my name, amount of the grant, and a general statement summarizing the scope of the project may be released to the public.

By signing this, I acknowledge that I have read the above disclaimer and accept and agree to be bound by the terms thereof.

Signature of Applicant or
Authorized Representative: _____

Date: _____

Name, printed: _____



Note: Financing for your project may also be available through the Kentucky Agricultural Finance Corporation, which provides low interest loans in participation with your local lender. For more information, visit <http://kafc.ky.gov> or contact Ali.Hulett@ky.gov, (502)-564-1757.

Please submit original application with supporting documentation, plus one copy, to:

Governor's Office of Agricultural Policy
ATTN: On-Farm Water Management Program
404 Ann Street
Frankfort, KY 40601

Program Contact:

Renee L. Carrico
(502) 782-1763
Renee.Carrico@ky.gov
<http://agpolicy.ky.gov/energy>

