

2019 Youth Agricultural Incentives Program



Student Application SAMPLE COUNTY

Eligibility

The Youth Agricultural Incentive Program was established to facilitate a growing need for a specialized program that would benefit youth actively engaged in agriculture.

The focus of the program will be on youth developing agricultural projects, as well as strengthening partnerships with school ag programs, Cooperative Extension, and 4-H/FFA organizations.

- All answers provided shall be based on the individual youth applying for funds
- Applicants may be asked to verify responses and/or provide supporting documentation
- Applicants are required to be enrolled in elementary, middle, high school or a homeschool program
- Applicants shall be **at least 9 years of age by January 1, 2019** based on 4-H program entry age
- Youth **under the age of 18** are required to have parental consent to participate in the program (See Parental Consent section)

Applicants are only eligible to receive funds in one of the following programs per program year: CAIP, Next Generation Beginning Farmer or Youth Agricultural Incentives Program.

Student Applicant Information

PLEASE PRINT

First Name _____ Last Name _____
SSN _____ Age _____ as of January 1, 2019
(REQUIRED)
Mailing Address _____
(Street)

(City, State Zip) County _____
Email Address _____
Home # (_____) _____ - _____ Cell # (_____) _____ - _____

School Information

Select the school type for the school you are currently attending.

___ Elementary School ___ Middle School ___ High School ___ Home School
Grade ___ County _____

Are you enrolled in a 4-H, FFA or other agricultural program in a county in which you do not reside?

YES or NO (Please circle) If yes, list county of enrollment: _____

Parent Information

PLEASE PRINT

First Name _____ Last Name _____

Mailing Address _____
(Street)

(City, State Zip)

County _____

Email Address _____

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

PARENTAL CONSENT

As the parent or guardian, I understand and acknowledge the 2019 Youth Agricultural Incentive Program guidelines and agree to assist my child in any way necessary for the completion of the program.

I further consent and agree that GOAP may use my child's image, picture, likeness or name in promotional materials. I am also aware of the risks and dangers associated with agricultural production, and have advised my child of the importance of following all posted directions and instructions at and during all events associated with the 2018 Youth Agricultural Incentive Program.

Please print name _____

Parent or Guardian Signature _____ Date _____

Mentor Information

First Name _____ Last Name _____

Mailing Address _____
(Street)

(City, State Zip)

County _____

Email Address _____

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

Preferred Method of Contact: Mail _____ Email _____ Phone _____

Mentor Type:

___ Extension Agent: ___ 4-H Youth Development Agent ___ Agriculture & Natural Resources Agent

___ Family & Consumer Science Agent ___ Horticulture Agent

___ Youth Organization Leader: ___ 4-H ___ FFA ___ Ag. Teacher ___ Other (specify) _____

MENTOR ACKNOWLEDGEMENT

As the youth mentor, I acknowledge that I am willing to provide consultation or assistance for the length of the program and that I am not from the applicant's immediate family.

I also acknowledge that all youth education, investments and reimbursements must have my approval before funds can be disbursed.

Mentor Signature _____ Date _____

GUIDELINES FOR FUNDING

- Funding for all projects shall not exceed the **statewide maximum of \$1,500** per youth
- Counties **may establish a lower youth maximum** cost-share limit or PRO-RATE all eligible youth applicants
- Reimbursements shall not exceed **50% of the total project** cost for all eligible expenses
- Projects must be complete with all requirements met before funds can be disbursed

EXCLUSIONS:

- Reimbursements for purchases, including labor, from the youth's immediate family are not eligible (*e.g. father/mother, brother/sister, grandparent(s), aunt/uncle, etc.*)
- All investments are for the **individual youth** and shall not be a part of a larger school project or organization

Project Information

Where project will be located:

Street Address _____

City _____

State _____

Zip _____

COUNTY _____

PROJECT TYPE – You may select up to **two (2)** Investment Areas

Agricultural Diversification

Greenhouse Horticulture

Hydroponics & Aquaponics

Technology - Computer Software

Value-Added & Marketing

Wildlife Management

Animal Production*

Beef

Rabbit

Dairy

Swine

Equine

Poultry

Goat

Bees

Sheep

Livestock Barn

** Participants purchasing any type of livestock must provide a copy of health papers when requesting reimbursement.*

Forage Improvement

Seeding (based on 2019 CAIP approved seed list, soil test required)

___ **Showmanship***

___ Beef

___ Dairy

___ Equine

___ Goat

___ Sheep

___ Rabbit

___ Swine

___ Poultry

** Participants purchasing any type of livestock must provide a copy of health papers when requesting reimbursement.*

___ **Supervised Agriculture Experience (SAE)**

___ SAE project

___ Environmental project

___ **Country Ham Project**

___ Ham purchase

___ Project supplies

___ Cost of participation in 4-H Country Ham Project

Project Summary

SUMMARY IS REQUIRED

Please provide a brief statement about your project.

Would you do this project without these funds? **YES** or **NO (Please circle)**

Why?

Who do you think has encouraged your involvement in agriculture the most?

EXPLAIN:

YOUTH ACKNOWLEDGEMENT

As the applicant, I acknowledge that I understand the 2019 Youth Agricultural Incentives Program guidelines.

I acknowledge that all applicants must adhere to program guidelines or may be disqualified from future participation in the Youth Agricultural Incentives Program.

I also acknowledge that I am only eligible to participate in one of the following KADF programs per program year: CAIP, Next Generation, Youth.

I recognized that funded participants shall adhere to all local, state and federal rules and regulations.

By signing this, I acknowledge that I have read the above acknowledgements, as well as, reviewed the program guidelines and that I accept and agree to be bound by the terms thereof.

Youth Signature _____ Date _____

Parent Signature _____ Date _____

Required if under the age of 18

For local program information, please contact your county program administrator.

SAMPLE



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