## 2022 Food Safety and Efficiency Incentives Programapplication-header2 Application

**Application Number:**

***KOAP 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 Kentucky Office of Agricultural Policy* [*KOAP@ky.gov*](mailto:KOAP@ky.gov) *or 502-564-4627.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | |
| Has this organization/individual ever submitted an application to the KADF? 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | |
| 1a. Organization Name (Legal Name of the Farm Business Entity or Individual): | | | | | | | | | | | | | | 1b. Tax Identification Number (EIN/SSN): | | | |
|  | | | | | | | | | | | | | |  | | | |
| *Must match the name registered to the TIN provided in 1b.* | | | | | | | | | | | | | | Nine (9) digit number issued by the IRS | | | |
| 1c. County | | | 1d. For Profit? | | | 1e. Main Phone | | | | | | | | **1f. Digital Media (opt.)** | | | |
|  | | | 🞎 Yes 🞎 No | | | (     ) | | | | | | | | Twitter Handle: | | | |
| 1g. Registered with the Ky. Secretary of  State’s Office? | | | 🞎 Yes 🞎 N/A - *individuals/sole proprietors are not required*  🞎 No | | | | | | | | | | | Facebook ID:  Website: | | | |
|  | | | *If you are not registered, and are required to be, then visit sos.ky.gov.* | | | | | | | | | | |  | | | |
| **2. Organization Address** (Check will be mailed here) | | | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | |  | | | | | |
| Address Line 1 | | | | | | | | | | | | *Address Line 2* | | | | | |
|  | | | | | **KY** | | |  | | | | | |  | | | |
| City | | | | | State | | | ZIP Code | | | | | |  | | | |
| 3a. Authorized Representative (AR) (person authorized to sign legal contracts on behalf of the organization/individual) | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |  | | | | |
| Prefix | | Name (First MI Last) | | | | | | | | | | | *Title* | | | | |
| **3b. AR Contact Info** | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | | | |  |
| Email | | | | | | | | | *Work Phone* | | | | | | | | *Mobile/Cell Phone* |
| **3c. AR Address** (Legal Agreement will be mailed here) | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | |  | | | | | |
| Address Line 1 | | | | | | | | | | | | *Address Line 2* | | | | | |
|  | | | | | **KY** | | |  | | | | | |  | | | |
| City | | | | | State | | | ZIP Code | | | | | |  | | | |
| 4a. Project Contact (if different from AR, person(s) responsible for the daily management of the project) | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | |  | | | | |
| Prefix | | Name (First MI Last) | | | | | | | | | | | *Title* | | | | |
| 4b. Project Contact Info | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  |
| Email | | | | | | | | | *Work Phone* | | | | | | | | *Mobile/Cell Phone* |
| 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* | | | | | |
|  | | | | | **KY** | | |  | | | | | |  | | | |
| City | | | | | State | | | ZIP Code | | | | | | *Project County* | | | |
| **6a. Total Project Costs:** | | | | $ | | | | 6b. Total Funds Requested: | | | | | | | | $ | |
|  | | | | | | | | | |  | | | | | | *Reflect total in budget.* | |
| 7. Has the organization / individual listed in 1a. received a KADF award prior to this application? | | | | | | | 🞎 Yes If yes, please specify totals:  🞎 No State $ | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Please note: Kentucky Agricultural Development Funds can only comprise up to 75% 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 75% of total costs on any one project. | | | | | | | | | | | | | | | | | |
| 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)* * Documentation of Consultation, quotes from Consultant * Consultant Credentials, if you intend to use a Consultant beyond the list of approved consultants, provide a resume and bio for the proposed Consultant   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 *2022 Food Safety and Efficiency Incentives Program Guidelines*    The Kentucky Agricultural Development Board and the Kentucky Office of Agricultural Policy  reserve the right to request or require revisions or clarifications of submitted proposals. | | | | | | | | | | | | | | | | | |
| **Other Professional Third Party Services**  For this section list all items where reimbursement is being requested related to hiring professional services. Professional services include a third party to perform consultation services identified in the guidelines attached. Resumes for service providers must be attached. Prior to reimbursement a copy of the executive summary of the audit or consultation service will be required. (add lines as needed) | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Scope & Details of activities to be performed** | **Detailed Cost of Activity** | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | |
| 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 Kentucky Office of Agricultural Policy (KOAP) 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 KOAP 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: |  |  |  | | | | | | | | | | | | | | | | | | | |
| *For more information, visit* [*www.kyagr.com/agpolicy*](http://www.kyagr.com/agpolicy) *or contact* [*KOAP@ky.gov*](mailto:KOAP@ky.gov)*, (502)-564-4627.* | | | | | | | | | | | | | | | | | | |

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

Kentucky Office of Agricultural Policy

ATTN: Food Safety and Efficiency Incentives Program

404 Ann Street

Frankfort, KY 40601