## 2022 On-Farm Water Management

## Small Scale Grant Programapplication-header2

**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: 502-564-4627 or* [*KOAP@ky.gov*](mailto:KOAP@ky.gov)*.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | |  | | | | | | |
| **6. Project County:** | | |  | | | | 7. Farm Serial Number (FSN): | | | | | |  | | | | | | | | |
| **8a. Total Project Costs:** | | | | $ | | | | | 8b. Total Funds Requested: | | | | | $ | | | | | | | |
|  | | | | | | | | *(Max. $10,000, not to exceed 50% of total project costs.)* | | | | | | | | | | |  | | |
|  | | | | | | | |  | | | | | | | | |  | | | | |
| 9. Project Enterprise (select one): | | | | Beef Dairy\* Grain Horticulture Poultry Other – Specify: | | | | | | | | | | | | | | | | | |
| *(\*Dairy applicants shall be permitted by the Kentucky Milk Safety Branch)* | | | | | | | | | | | | | | | | | | | | | |
| 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)* * Map of the Project Area (Google Earth image with boundaries marked is acceptable) * 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 2022 Guidelines*  “V. SMALL SCALE GRANT PROGRAM” 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. | | | | | | | | | | | | | | | | | | | |
| 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.* | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Best Management Practice\***  ***(Example: 636 – Water Harvesting Catchment)*** | **Investment Item** (Example: cistern) | Total Item Cost  *(include installation)* | **Amount Requested from OFWM Small Scale Grant**  **(if not marked, 50% of item cost presumed)** | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  |  | $ |  | |  | **Totals:** | **$** |  |   \*See **Appendix B** of the *2021 On-Farm Water Management Program Guidelines* for “**Eligible On-Farm Water Management Program Practices**.” | | | | | | | | | | | | | | | | | | | | |
| **Matching Funds:**  For this section list all sources of funds that will finance remainder of the project. Examples of other sources include EQIP, loans, personal funds, etc. Please also mark the amount and status as secured or pending.  ***Please note: Kentucky Agricultural Development Funds can only comprise up to 50% of the total project costs.*** *This means any combination of CAIP, Next Generation, KADF On-Farm Energy, KADF On-Farm Water or KAFC loan cannot exceed 50% of total costs on any one project.* | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Source of Match** | **Secured or Pending** | **Match Amount ($)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  | **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 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: |  |  |  | | |
| *kafc_logoNote: 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* [*www.kyagr.com/agpolicy*](http://www.kyagr.com/agpolicy) *or contact* [*KAFC@ky.gov*](mailto:KAFC@ky.gov)*, 502-564-4627.* |

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

Kentucky Office of Agricultural Policy

ATTN: On-Farm Water Management Program

404 Ann Street

Frankfort, KY 40601

**Contact:**

(502) 564-4627

KOAP@ky.gov

[www.kyagr.com/agpolicy](http://www.kyagr.com/agpolicy)

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| APPENDIX A: Scoring Worksheet | | |
| *This section will be completed by the On-Farm Water Management Technical Advisory Group (TAG) and KOAP Staff.* | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Total Points Available** | **Points Awarded** | **Explanation / Justification** | | Total Number of Best Management Practices (BMPs) | **20** |  |  | | **Number of Eligible Direct Water Quantity BMPs**  *(Currently on farm or in conjunction with project)* | **15** |  |  | | **Number of Complementary Indirect Water Quantity BMPs implemented on operation.**  *(Currently on farm or in conjunction with project)* | **15** |  |  | | **Planned BMP implementation appropriate for listed issue in narrative?** | **30** |  |  | | **Practices being utilized only eligible under KADF On-Farm Water Management Program** *(not eligible under NRCS or EQIP)* | **10** |  |  | | **County Tobacco Settlement Dollars Available** | **10** |  |  | | **Total** | **100** |  |  | | | |
| **# of Best Management Practices (BMPs)**  1 5 points  2 10 points  3 15 points  > 3 20 points  **# of Direct Water Quantity BMPs**  1 5 points  2 – 3 8 points  4 – 5 10 points  > 5 15 points  **# of Indirect Water Quantity BMPs**  0 – 1 5 points  2 – 3 8 points  4 – 5 10 points  > 6 15 points | **Planned BMP implementation appropriate for listed issue (narrative)**  Strongly Agree (all BMPs) 30 points  Agree (majority of BMPs) 20 points  Undecided/Neutral 10 points  Disagree (minority of BMPs) Ineligible  Strongly Disagree (all BMPs inappropriate) Ineligible  **Practices being utilized only eligible under KADF OFWM Program**  Yes 10 points  No 0 points  **County Tobacco Settlement Dollars Available**  <$15,000 10 points  $15,000 - $50,000 6 points  $51,000 - $100,000 4 points  >$100,000 2 points  ***Minimum Score to be Eligible: 50 points*** |