## 2022 Application to Administer:

## application-header2YOUTH Agricultural Incentives Program (YAIP)

**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 KADF Programs Manager at the Kentucky Office of Agricultural Policy,   
 (502) 564-4627 or* [*KOAP@ky.gov*](mailto:KOAP@ky.gov)*.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | |
| Has this organization ever applied to administer a KADF program? 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | |
| 1a. Organization Name (Legal Name of the Entity): | | | | | | | | | | | | | | | 1b. Tax Identification Number (EIN/SSN): | | | | |
|  | | | | | | | | | | | | | | |  | | | | |
| *Must match the name registered to the TIN provided in 1b.* | | | | | | | | | | | | | | | Nine digit number issued by the IRS | | | | |
| 1c. County | | | 1d. Profit Organization? | | | | 1e. Main Phone | | | | | | | | **1f. Digital Media (opt.)** | | | | |
|  | | | 🞎 Yes 🞎 No | | | | (     ) | | | | | | | | Twitter Handle: | | | | |
| 1g. Registered with the Ky. Secretary of  State’s Office? | | | 🞎 Yes 🞎 N/A - *conservation district, board of education, fiscal court, other gov’t*  🞎 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) | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | |
| 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. Program Administrator (if different from AR, person(s) responsible for the daily management of the program) | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  | | | | | |
| Prefix | Name (First MI Last) | | | | | | | | | | | | | *Title* | | | | | |
| 4b. Program Administrator Contact Info | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | |
| Email | | | | | | | | | *Work Phone* | | | | | | | | *Mobile/Cell Phone* | | |
| 4c. If multiple people administer this program, then list others here with name, email and phone: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Program Request | | | | | | | | | | | | | | | | | | | |
| **5. Program County:** | |  | | | | \* *Items in this section are subject to approval by the County Agricultural Development Council. The final approval by the KADB will reflect the Council’s priority sheet answers.* | | | | | | | | | | | | | |
| **6a. Total Funds Requested:** | | | | $ | | | 7. Maximum Student Award  (Not to exceed $1,500): | | | | | | | | | $ | | | |
| *\*All students are eligible to receive the maximum limit\** | | | | | | | | | | | | | | | | | | | |
| 6b. Total Administrative Expenses (5% or less): | | | | $ | | |  | | | | | | | | | | | | |
| *(Admin. Budget must be provided on pg. 2 )* | | | | | | |  | | | | | | | | | | | | |
| 6c. Total Funds Available for Cost-Share (6a. – 6b.): | | | | $ | | | Note: Funds for this program are pro-rated across all eligible applicants. | | | | | | | | | | | | |
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| Program Administration Questions | | | | | | | | | | | | | | | | | | |
| 8. Review Committee: Who will be evaluating youth applications for completeness and eligibility?   (min. of three individuals) | | | | | | | | | | | | | | | | | | |
| Reviewer 1:  Reviewer 2:  Reviewer 3: | | | | | | | | | | | | | If more than three are on the review committee, then please include the remaining list of all who may participate on the committee:   If more than three are on the scoring committee, then please attach a list of all who participate on the committee. | | | | | |
| 9. Who will be responsible for completing and submitting the required reports? (name, email)\* | | | | | | | | | | | | | | | | | | |
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| 10. Identify a minimum of two co-signers for the purpose of signing checks. Identify who will be bonded.  (Submit proof of bonding.) | | | | | | | | | | | | | | | | | | |
| Co-Signer 1 (bonded):  Co-Signer 2: | | | | | | | | | | | If more than two are authorized to sign checks, then please include names of all who may sign checks, if needed: | | | | | | | |
| 14. **Advertising & Promotion of Program Availability:** List at least two forms of promotion that will be used to prominently display when and where producer sign-ups will occur. This may include, but not be limited to a newspaper advertisement, Facebook, extension newsletter, website, posted flyer or other promotion method. (proof of promotion submitted no later than 6-month report) | | | | | | | | | | | | | | | | | | |
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| 15. **Administrative Budget:** If any of the funds will be used for administrative purposes, then provide a detail of estimated expenses below. **This must be completed at the time of application,** if administrative funds are requested in 6b. above. | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | Administrative Purpose | Estimated Expense | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | | | | | | | | | | | | | | | | | | | |
| Documentation Check List | | | | | | | | | | | | | | | | | | |
| **🖝 *Please mark each item that is included in the submitted application.*****🖜** | | | | | | | | | | | | | | | | | | |
| * This application, signed by the Authorized Representative of the entity applying. * Registered and in good standing with the Secretary of State  *(Exceptions: Conservation Districts & Fiscal Courts)* * Signature Authorization  *(a copy of documentation (e.g. meeting minutes or other document) designating a member who may sign legal agreements from within the last 12-months)* * Proof of Bonding: 🞎 provided with application OR 🞎 will be sent with Legal Agreement * Priority Sheet, completed (county council responsibility) *Must be signed by a minimum of five council members.*  The Kentucky Agricultural Development Board, Kentucky Office of Agricultural Policy and the County Agricultural Development Councils reserve the right to request or require revisions or clarifications of submitted proposals. | | | | | | | | | | | | | | | | | |
| 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 applicant(s) also authorizes the Kentucky Agricultural Development Board and any of its representatives to make all necessary investigations of financial, credit, and other records through credit agencies and authorize the release of any and all information, which may be relevant to making a decision on this application.  The Kentucky Agricultural Development Board reserves the right to terminate any Legal Agreement with applicant, if at a future date it becomes aware of any false statements or material misrepresentation(s) contained in this application. | | | | | | | | | | | | | | | | | |
| **The ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will administer the Youth Agricultural Incentives Program (YAIP)**  (Administrative Entity) in accordance to the state approved guidelines established by the Kentucky Agricultural Development Board. | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Signature of Authorized Representative: |  | Date: |  | | Name, printed: |  |  |  | | | | | | | | | | | | | | | | | | |

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| APPENDIX A: Instructions for Submission |
| *Proposals for a Youth Agricultural Incentives Program (YAIP) are required to use this application. The application form may be reproduced and distributed. Reproductions must be clear and made on 8.5” x 11” paper.*  **Electronic and faxed submissions shall not be accepted.**  **Incomplete or missing information/documentation may delay processing and consideration of the application.** |
| * 1. Prior to submission, make sure the organization/entity formally exists.  *When deciding whether to create some type of corporate type business entity, the applicant is strongly advised to seek legal counsel to address issues such as tax treatment and liability prior to submitting an application.*   2. Make sure your proposal includes appropriate legal documentation where signatory authorization is given to the Authorized Representative listed on the proposal cover sheet.   3. **Proposals for county funds** must be made directly to the appropriate county council(s). Completed proposals will be prioritized by the county council according to the County Comprehensive Plan for Agriculture and forwarded to the Kentucky Agricultural Development Board for final funding decision. Some applicants may be requested by their county council to make a formal presentation.   4. **Address for Submissions:** applications along with a signed county council priority sheet should be sent to the following address:   Kentucky Office of Agricultural Policy 404 Ann Street Frankfort, KY 40601  ATTN: YAIP Application   5. YAIP proposals submitted to the KOAP office should include **the original proposal and one additional copy,** including supporting documents and prioritization form. Applicants not submitting appropriate number of copies may be charged for copies made.   All completed proposals shall be reviewed by the county council within 60 days of receipt. YAIP proposals submitted to the Kentucky Agricultural Development Board (KADB) will be considered by the KADB on a monthly basis.  YAIP proposals received in the Kentucky Office of Agricultural Policy (KOAP) by the last Friday of the month will be considered at the following month’s KADB meeting. For example, if a complete application is received by the last Friday of January, then it may be eligible for consideration at the February KADB meeting, provided all guidelines are met.  *Direct questions regarding the proposal process to the Kentucky Office of Agricultural Policy  (502) 564-4627 or* [*KOAP@ky.gov*](mailto:KOAP@ky.gov)*.* |

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| APPENDIX B: Post-Award Grant Management |
| *The following information is provided in the event that this application is approved. By providing this information, there is no implication that this application will receive funds. All applications must be prioritized by the County Agricultural Development Council from which funds are sought and approved or denied by the KADB.* |
| **A. Post-Approval Process**   1. **Notification of Approval** - Once your application has been approved, you will receive notification to confirm the date of approval, amount of funding and the terms of the program approved by the Kentucky Agricultural Development Board. 2. A Legal Agreement will then be mailed to your organization. 3. **Review the agreement carefully.** If the agreement is acceptable, then the authorized representative for the organization signs the agreement. There must be minutes or other documentation, from within the last 12-months, on-file with our office, giving the authorized representative signatory authority. If there are errors in the agreement, then please contact KOAP at (502) 564-4627. 4. Read the agreement cover letter and follow the instructions contained therein. It may contain information necessary for release of your funds. The following issues generally cause the most delays:    1. If a corporate entity applied, make sure your organization is registered in “Good Standing” with the Kentucky Secretary of State’s Office (sos.ky.gov) as a legal entity for conducting business in Kentucky. Organizations in “Bad Standing” must correct the rating before funds can be disbursed.    2. Disbursement of funds will be dependent upon up-to-date reporting of both programs and projects administered by an entity.   Administrators who fail to follow the guidelines for the investment areas or who fall behind in reporting, may be placed on a “watch list” or “probation.” Administrators who are placed on probation and do not meet the terms of their probation may be “suspended” and are no longer eligible to administer Kentucky Agricultural Development Fund programs/projects. |
| **B. Responsibilities of Program Administrators**  Grant recipients are responsible for:   1. Complying with all guidelines of the YAIP, including terms and conditions in the Legal Agreement. 2. Ensuring that Kentucky Agricultural Development Funds are used only for expenditures covered within the YAIP Investment Areas. All investments are for individual youth, not for a portion of a larger school project or organization. 3. Maintaining fiscal responsibility for the funds awarded through this program. 4. Ensuring that KADF funds are not commingled with other funds. The KADF program funds shall reside in a unique and separate bank account from any other funds. 5. Submitting *Youth Cost-Share Detail* and *Summary Sheet* every six (6) months after the execution date of the Legal Agreement and close-out documentation no later than 60 days after the term of the Legal Agreement. Submit through our secure portal or to [KOAP@ky.gov](mailto:KOAP@ky.gov). 6. Acknowledging funding provided by KADF, as outlined in the Legal Agreement. |