## 2022 Application to Administer:

## application-header2Deceased Farm Animal Removal Program (DAR)

**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 at (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): | | | | | | |
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| *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) | | | | | | | | | | | |  | | | | |  | | | | | | |
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| 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) | | | | | | | | | | | | | | | | | | | | | | | |
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| Prefix | | Name (First MI Last) | | | | | | | | | | | | | | *Title* | | | | | | | |
| **3b. AR Contact Info** | | | | | | | | | | | | | | |  | | | | | | | | |
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| Email | | | | | | | | | | | *Work Phone* | | | | | | | | | | *Mobile/Cell Phone* | | |
| **3c. AR Address** (Legal Agreement will be mailed here) | | | | | | | | | | | | | | |  | | | | | | | | |
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| 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) | | | | | | | | | | | | | | | | | | | | | | | |
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| 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: | | | | | | | | | | | | | | | | | | | | | | | |
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| DAR 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:** | | | | | | $ | | | 7a. Sources of Match: | | | | | | | | | 7b. Match Amount: | | | | | |
| *(Must be 25% or less of total program budget in 6b.)* | | | | | | | | |  | | | | | | | | | | |  | | | |
| 6b. Total Program Budget: | | | | | | $ | | |  | | | | | | | | | | $ | | | | |
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|  | | |  | | | | | |  | | | | | | | | | | $ | | | | |
| Program Administration Questions | | | | | | | | | | | | | | | | | | | | | | |
| 8. Program Details – Choose the appropriate response related to your animal disposal program: | | | | | | | | | | | | | | | | | | | | | | |
| **a. Choose type of program:**  \_\_ contract with licensed entity for disposal;  \_\_ county-operated disposal;  \_\_ other (specify) | | | | | | | | | | | | b. Choose method of disposal:  \_\_ landfill; \_\_ incineration;  \_\_ composting; \_\_ other (specify) If other, must meet KRS 257.160 requirements for disposal of deceased farm animals. https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=12358 | | | | | | | | | | |
| 9. **Explain** how your program will provide animal disposal services: | | | | | | | | | | | | | | | | | | | | | | |
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| 10. Producer Fees: | | | | | | | | | | | | | | | | | | | | | | |
| Is there a charge to producers for this service? | | | | | | | | | | | | | If yes, what is the amount of the fee? | | | | | | | | | |
| 11. If applicable, provide the name and contact information for any contracted entity (e.g. disposal provider, landfill, hauler or rendering company, etc.), a schedule of charges, terms of the contract and a list of services provided. | | | | | | | | | | | | | | | | | | | | | | |
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| 12. **Advertisement and Promotion** – Explain how the availability of the program will be advertised to ensure broad public awareness. | | | | | | | | | | | | | | | | | | | | | | |
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| |  | | --- | | 13. **Budget –** Provide details for program activities, including:   * 1. capital expenditures;   2. contractual fees;   3. personnel expenditures; and   4. other operating expenditures.   **KADF award cannot exceed 25% of the total annual expenditures.** | | 1. Budget Justification – Explain requested budget expenses.  *If requested budget is higher than last year’s budget, then please explain.* | |  | | 1. Fees - If applicable, provide a detail of fees associated with the program (hourly, mileage, tonnage, etc.) | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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)* * 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 Deceased Farm Animal Removal Program (DAR)**  (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 Deceased Farm Animal Removal Program (DAR) 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: DAR Application   5. DAR 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. DAR proposals submitted to the Kentucky Agricultural Development Board (KADB) will be considered by the KADB on a monthly basis.  DAR 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 DAR, including terms and conditions in the Legal Agreement. 2. Ensuring that Kentucky Agricultural Development Funds are used only for expenditures covered within this program. 3. Sending KOAP a copy of any contract or secondary agreement related to this program. 4. Submitting *DAR Annual Report* on or before the 12-month anniversary of the Legal Agreement. Submit to [KADF@ky.gov](mailto:KADF@ky.gov). 5. Acknowledging funding provided by KADF, as outlined in the Legal Agreement. |