***CountyName County***

**County Agricultural Investment Program (CAIP)**

Administered by:

***Entity Name***

*Address*

***Date***

***Applicant Name***

*Address*

Application Status: ***Approved***

Applicant Score: ***Score***

Dear ***Applicant Name***,

Thank you for submitting an application for the 2024 County Agricultural Investment Program (CAIP). Your application was scored based on the Kentucky Agricultural Development Board (KADB) Scoring Criteria. You have been approved to receive funding for the investment areas submitted in your application.

The county maximum for cost-share is **$00.00\*** per producer per program year. The cost-share amount is based on the percent match denoted in the Investment Area Guidelines. Approved CAIP funding is disbursed on a reimbursement basis, upon **completion** of the project.

Participation in CAIP ***requires an educational component*** be attained within the last six (6) months related to farm management, production, best management practices, or marketing. Cost-share reimbursement will not be made before the educational requirement has been met.

Some Investment Areas have additional prerequisites. Please review Investment Area Guidelines to make sure all requirements have been met to be eligible for cost-share reimbursement, as well as to review eligible cost-share items.

Once your project is completed, please supply the following: 1) a dated receipt indicating buyer and seller information, along with proof of payment, 2) the completed *Certification for Educational Requirement* form with all necessary signatures, and 3) a completed *Producer Report & Certification* form. Reimbursements are retroactive to ***6 Month Date***. Please note, cash purchases are not eligible for reimbursement.

**DEADLINE:**

**SUBMIT TO:**

Should you fail to use your funds by the deadline, said funds shall be reallocated to the next eligible applicant. Please notify me if you wish to release your approved funding.

The ***Entity Name*** office is open from ***8:00 a.m. to 4:30 p.m. Monday through Friday.*** If you have any questions pertaining to your approval status and/or guideline eligible items or prerequisites, please contact our office at ***phone number or email***.

Sincerely,

***Program Administrator***

***Entity Name***

**Attachments:**

* *2024 CAIP Standard Guidelines* – “Section VI. Producer Guidelines & Responsibilities”
* *CAIP Producer Report & Certification* Form
* *Certification of Educational Requirement* Form