***CountyName County***

**County Agricultural Investment Program (CAIP)**

Administered by:

***Entity Name***

*Address*

*Phone*

*Email*

***Date***

***Applicant Name***

*Address*

Application Status: ***Denied***

Applicant Score: ***Score***

Dear ***Applicant Name***,

Thank you for submitting an application for the 2024 County Agricultural Investment Program (CAIP). (Choose 1: Your application was scored based on the Kentucky Agricultural Development Board (KADB) Scoring Criteria. OR Your application was deemed ineligible for the following reason(s) and not scored: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. )

A total of ## applications were submitted for participation in this program. All eligible applications were scored and ranked. Your application for cost-reimbursement has been denied for the following reason(s): did not meet minimum score / did not meet eligibility requirements / was submitted after the deadline / all funds awarded to applicants with higher scores.

The ***Entity Name*** office is open from ***8:00 a.m. to 4:30 p.m. Monday through Friday.*** If you have any questions concerning your application and/or score received, please contact me at ***phone number***.

Sincerely,

***Program Administrator***

***Entity Name***