

County Agricultural Incentives Program (CAIP) 2026 Producer Application



CLARK COUNTY

Producers and members of their household and/or Farm Serial Numbers who received funds in the 2025 CAIP Program for CLARK COUNTY are ineligible to receive funds for the 2026 CAIP, based on the "Every Other Year" policy adopted by the county. *Similarly, anyone and/or Farm Serial Numbers receiving funds through the 2026 CAIP will be ineligible for the 2027 CAIP.*

- All answers provided shall be based on the individual applicant applying for CAIP funds.
- Applicant may be asked to verify responses and/or provide supporting documentation.
- All applicants must be 18 years or older at time of application.
- Proof of residency is required to submit with the application.

PLEASE DETACH PRODUCER GUIDELINES. DO NOT SUBMIT WITH APPLICATION.

Applicant Information

First Name _____ Last Name _____

SSN _____
(REQUIRED)

Mailing Address _____
(Street)

(City, State Zip)

Email Address _____

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

Farm Information

Farm Serial Number (FSN) _____
(REQUIRED)

Farm Service Agency Office _____
(Associated County)

COUNTY of FARM _____
(REQUIRED)

Tax ID _____
(For Tax Purposes ONLY; not related to tax exemption)

Farm Name _____
(As listed with the Secretary of State)

Farm Address (If different from above) _____
(Street)

(City, State Zip)

Please select if you will be utilizing the above listed Tax ID for the purpose of your 1099. YES or NO

Does the FSN listed above span multiple counties? YES or NO (Please circle)
If yes, please list: _____

Eligibility Requirement: A copy of your **Kentucky Agriculture Water Quality Act (AWQA) Plan OR AWQA Self-Certification Form** for the farm listed above for which CAIP funding is requested.

Do you meet this requirement? YES or NO (Please circle) Provide verification/documentation with application.

For questions concerning the AWQA, visit eec.ky.gov/agwater or contact your CLARK County Conservation District Office at (859) 744-2322.

Farm Information – (Continued)

Will you be applying for CAIP funds in another county? YES or NO (Please circle)

Will anyone else in your household be applying for CAIP funds in this or another county? YES or NO
If yes, please list name(s) with county: (Please circle)

Name _____ County _____

Name _____ County _____

HOUSEHOLD EXCLUSION

Only **one** individual per household, regardless of county, is eligible to **apply for** CAIP funds within a program year. **Proof of residency is required** to verify that multiple individuals within the same household are not applying. Additionally, **all applicants must be a resident of Kentucky**. *Kentucky REAL IDs may be accepted for both the ID and utility bill.*

EVERY OTHER YEAR POLICY

CLARK County limits eligible producers to receive funding every other year. This rule applies to **Farm Serial Numbers (FSNs) and to anyone within the same household**; FSNs and/or members of the same household are excluded from receiving funds in the program year following a funding approval.

In the previous program year, did you or someone in your household receive CAIP funds or did the FSN listed receive CAIP funds in CLARK County? YES or NO (Please circle)

Are you applying as a tenant farmer? YES or NO (Please circle)

If yes, please provide either 1) an FSA-578 form (or similar FSA form) OR 2) a redacted copy of your schedule F AND written approval from the landowner giving you permission to use the owner's FSN and granting access to the cost-share item (for a minimum of five years for capital improvements).

Additionally, the "Tenant/Owner Acknowledgement Form" must be submitted prior to approval.

Please review Section A.2. of the attached Producer Guidelines for additional limitations to Tenant/Owner participation in CAIP.

PLEASE NOTE

PROJECT LOCATION

CAIP funds received shall be used for improvements in the **county in which funds are approved**, regardless of the county the Farm Serial Number (FSN) may span.

If your FSN spans multiple counties, you may be asked to provide verification that all projects are located within the county that funds are approved. There are **NO** exceptions to this policy.

Producer Questions

Questions in this section will be verified by your county program administrator for accuracy.

* Answers may be adjusted by the administrator to reflect verified funding information.
Points awarded will be for the verified answers.

1. Check which answer **best describes** your past participation statewide in the County Agricultural Incentives Program (CAIP) cost-share funds for the past five (5) program years:

- I have received cost-share funds once through CAIP
- I have received cost-share funds twice through CAIP
- I have received cost-share funds three or more times through CAIP
- I have not received cost-share funds through CAIP in the last five years

2. In the previous program year*, check which answer **best describes** you:

**If county has "every other year policy," then the last program year you were eligible.*

- I received funding for a completed project
- I applied but was not approved for funding OR I did not apply
- I was approved for funding but did not complete my project
- I was approved for funding but notified administrator that I would not use funds at least 30 days before the deadline
- I was placed on a waiting list but did not receive funds
- I was placed on a waiting list, later approved but did not complete my project

Administrators – please initial next to verified answers.

3. Have you been a resident of CLARK County for the last 5 years or more?

- YES
- NO

4. Have you managed a farm in CLARK County for the last 5 years or more?

- YES
- NO

5. At the time of application, how long have you shared in the financial risks and/or participated in the business operation of a farm?

- Less than 1 year
- 1 to 5 years
- 6 to 10 years
- More than 10 years

6. Did you file a schedule F, schedule C, and/or 4835 (IRS tax forms) for agricultural purposes in the previous year or do you have an agriculture exemption license number? *Administrator may request documentation.*

- YES
- NO

7. Please mark the statement that best describes your level of tobacco dependency

(choose only one):

- I have owned quota or grown and marketed tobacco
- I have not grown tobacco or owned quota, but I am the son/daughter of someone who did
- I have never grown tobacco or owned quota

8. Within 5 years of the date of this application, have you done any of the following?

(select all that apply)

- added a new farming enterprise specify*: _____
- modified an existing farming enterprise specify*: _____
- added a new practice specify*: _____
- none of the above

** The above are defined as follows:

- New farming enterprise: a new business or revenue stream on the farm. Ex. Produce bees in addition to their beef enterprise
- Modified an existing farming enterprise: Ex. Retaining calves to feed out, process, and market as local beef
- New farming practice: Ex. Starting cover crops on a farm

9. a. Do you keep production records for your farming enterprises? (i.e. DHIA records, Farm Business Analysis, calving records, crop yields, etc.)

- YES NO

b. Are you currently utilizing recordkeeping software for your farming operation?

- YES NO

10. Have you completed a Farm Service Agency crop acreage report for your operation for the most recent reporting year? *Administrator may request documentation.*

- YES NO

11. Have you obtained a Premises Identification Number (PIN) with the Kentucky Department of Agriculture Office of the State Veterinarian?

- YES NO If yes, list the number*: _____

For additional information, contact statevet@ky.gov; 502-573-0282 or visit www.kyagr.com/statevet.

12. Do you have a marketing plan for your operation?

- YES, not written YES, written YES, written with help of professional
 NO *Administrator may request verification of plan.*

13. Did you soil test within the last 24 months?

- YES NO

14. Have you updated your Ag Water Quality Plan?

- YES, within 3 years YES, 4-5 years ago YES, 6+ years ago

Administrator may request verification of updated plan.

For questions concerning the AWQA, visit eec.ky.gov/agwater or contact your CLARK County Conservation District Office at (859) 744-2322.

15. Do you currently use any of the following tools to mitigate financial risk for your marketable crops/livestock? (select all that apply)* Administrator may request documentation.

YES NO

Futures/Forward Contracting Livestock Risk Protection (LRP) Insurance

Pasture, Rangeland, Forage (PRF) Insurance Crop Insurance

Dairy Margin Coverage (DMC) Program Enterprise Specific Insurance

Other* Specify*: _____

16. a. Are you a member of a county, statewide, or national agricultural organization (e.g. cattlemen, grain growers, farm bureau, organic association, etc.)?

YES NO

If yes, please name the organization(s)*: _____

b. Are you in a leadership role? YES or NO (Please circle)

17. Are you currently subscribed to an Extension Newsletter? Includes newsletters from Extension Specialists

YES NO If yes, list the county/newsletter(s)*: _____

18. Did you attend a financial, leadership, or marketing-based education session within the last 12 months?

YES NO If yes, please list*: _____

19. Are you currently a Kentucky Proud member?

YES NO If yes, enter Member Number*: _____

Farm Name as Registered*: _____

For additional information or to check membership visit <http://www.kyproud.com/member/register/index/>
If applying for a Kentucky Proud membership, please allow a minimum of 48-64 hours for processing.

20. Have you sold ag-related products at a farmers market in the past 24 months?

YES NO If yes, name of market(s)*: _____

21. Have you hosted an on-farm demonstration, field day, or informational workshop or presented about agriculture/your operation at a school, field day, or informational workshop within the last 24 months?

YES NO

If yes, what type*: _____ Date of event*: _____

22. Did you attend a CAIP Producer Information meeting** for the current program year?

YES NO

If yes, date of event*: _____

**This is not your education component, only a meeting on the CAIP program itself.

Total Points Possible 140

Acknowledgement

The County Administrative Entity 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 will result in zero points being awarded for that question. Confirmation of fraudulent responses shall result in disqualification for participation in this year's CAIP.

You also verify that only one individual in your household, regardless of county, is eligible to receive CAIP funds within a given program year. Additionally, if you are a tenant/owner and your owner/tenant is also applying within the same program year, you may not receive funds in the same Incentive Areas and must not use the same FSN.

You also certify that you are only eligible to receive funds in one of the following per program year; CAIP, Next Generation Beginning Farmer, or Youth Agricultural Incentives Program.

Funded participants shall adhere to all local, state, and federal rules and regulations.

By signing this, you acknowledge that you have read the above disclaimer as well as reviewed the *Producer Guidelines & Responsibilities* and that you accept and agree to be bound by the terms thereof.

Signature _____

Date _____

Please detach the *Producer Guidelines & Responsibilities* section of this application and keep for your records.

Application submission checklist:

- Completed, signed application (must include SSN & FSN)
- Proof of residency (copy of KY driver's license and one utility bill **OR** KY REAL ID)
- KY Agriculture Water Quality Act (AWQA) Plan documentation
- Third-party information request form for the Farm Service Agency (FSA) (if applicable)
- Additional documentation required by county program administrator
- **Tenants:** Tenant/Owner Acknowledgement Form and FSA-578 form (or similar FSA form) OR redacted copy of schedule F and additional written permission from owner

*Producers approved for funding must submit the **Producer Report & Certification** prior to receiving cost-share reimbursement. Visit www.kyagr.com/agpolicy to download a copy or contact your program administrator.*

For county specific program questions, please contact your local Program Administrator.