



OHIO COUNTY CAIP 2020
County Agricultural Investment Program

PRODUCER CHECK-LIST

-Projects must be completed and ALL documentation turned into the Ohio County Extension Office by Noon on September 30, 2021-

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Investment Area: \_\_\_\_\_

Every Investment Area (project) must have the following required documentation submitted:

- \*Producer Check-List (this form) for EACH Investment Area
\* Producer Report & Certification Form (All questions must be answered, form filled out completely & signed)
\*Certification For Educational Requirement Form
\* Reimbursement Request Form completed for EACH Investment Area, do NOT combine Investment Areas
Receipts for all items requesting cost-share (eligible cost-share items must be purchased January 1, 2020 – September 17, 2021)
-Please Note: Receipts must have the seller's and buyer's name, address, ph num, item(s) identified, and payment method
CAIP Reimbursement Purchase Form/Receipt (ONLY to be used if purchasing from an individual or any company that does not give a receipt with required information listed above)
Cancelled checks/money orders/credit card statements for ALL items requesting cost-share
Pictures (before, during and after pictures of completed projects)
TENANT APPLICANTS: The following MUST be submitted with your project documentation:
€ a FSA-578 Form OR a redacted copy of your Schedule F
AND
€ Written approval from the land owner 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).

\*\*\*These forms are included in your application packet and must be submitted before you will be funded\*\*\*

In ADDITION to the above documentation the following Investment Areas require:

Large Animal:

- BQA Certification # \_\_\_\_\_
•Bulls: \_\_\_\_\_ EPDs \_\_\_\_\_ BSE (within the last 6 months) \_\_\_\_\_ Picture
•Semen: \_\_\_\_\_ EPDs
•Heifers: \_\_\_\_\_ Heifer Affidavit \_\_\_\_\_ Documentation of Veterinary Examination \_\_\_\_\_ Picture

Fencing & On-Farm Water:

- \_\_\_\_\_ Aerial photo (FSA Farm / PVA Map) with fence location identified and the total distance

Forage & Grain Improvement:

- \_\_\_\_\_ Soil Test (taken within the last 12 months and prior to application)
\_\_\_\_\_ Certified Seed ONLY (must be on approved seed list) and variety MUST be specified on receipt or include seed tag
\_\_\_\_\_ Aerial photo (FSA Farm / PVA Map) with field(s) identified

This check-list must be filled out and returned for each project you are submitting reimbursement for; please sign below that you have included the above required documentation, failure to include the required documentation may result in your request being denied. By signing, the applicant also agrees that they have read, understand, and agree to abide by the prerequisites and guidelines of the "2020 C.A.I.P."

Signature \_\_\_\_\_

Date \_\_\_\_\_

-Be sure to read the prerequisites and guidelines for your approved Investment Area(s), they must be met-

Application #: \_\_\_\_\_

**Ohio County 2020 CAIP  
Reimbursement Request Form**

**Eligible Expenses January 1, 2020 - September 17, 2021**

**Reimbursement Deadline: Noon September 30, 2021**

**(Fill out one request form for EACH project completed - DO NOT COMBINE PROJECTS)**

Name: \_\_\_\_\_ FSN#: \_\_\_\_\_

Number of Livestock on this FSN: Cattle \_\_\_\_\_ Goat/Sheep \_\_\_\_\_ Horses \_\_\_\_\_

BQA #(required for Large Animal) \_\_\_\_\_ Exp Date \_\_\_\_\_

- Program:
- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1.) _____ Ag Diversification       | 2.) _____ Large Animal               |
| 3.) _____ Small Animal             | 4.) _____ Farm Infrastructure        |
| 5.) _____ Fencing & On-Farm Water  | 6.) _____ Forage & Grain Improvement |
| 7.) _____ Innovative Ag Systems    | 8.) _____ On-Farm Energy             |
| 9.) _____ Poultry & Other Fowl     | 10.) _____ Tech & Leadership Dev     |
| 11.) _____ Value-Added & Marketing |                                      |

**\*Refer to "Producer Check-List" for documentation that must be turned in with the "Reimbursement Request Form". **NO** reimbursement will be made until all documentation is turned in!**

**(Itemize each item purchased on form below)**

Store/Vendor	Description of item(s) purchased	Invoice/Receipt #	Cancelled ck.#	Cost
			<b>Total Project Cost</b>	
				<b>Cost Share Awarded (Administrative use)</b>



# 2020 County Agricultural Investment Program (CAIP) Producer Report & Certification

Producers must complete all relevant questions on the Producer Report **before** receiving cost-share reimbursement funds through the County Agricultural Investment Program (CAIP).

This form is for the Administrator to **keep on-file** for each Producer receiving cost share funds, and should aid in filling out the reports for this program.

*This information will be used to help the Kentucky Agricultural Development Board evaluate the economic impact of programs on Kentucky's agricultural economy.*

***ALL questions must be answered, do NOT leave blank – failure to provide answers will result in your application being denied!  
A completed & signed Producer Report & Certification Form must be submitted prior to receiving cost-share.***

<b>Administrator Information</b>
County: _____
App. Number: _____

## Producer Information

*Questions 1-3 should match the information provided on your approved Producer Application.*

1. **Producer Name:** \_\_\_\_\_ **Ph Num:** \_\_\_\_\_
2. **Social Security Number (required):** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Tax ID:** \_\_\_\_\_
3. **Farm Serial Number (FSN):** \_\_\_\_\_ **Size of the FSN Farm (acres):** \_\_\_\_\_ **Tenant Farmer: YES NO**
4. **Ever received cost-share funds?** YES NO
5. **Ever applied for cost-share funds?** YES NO
6. **Do you think this invest would have happened without CAIP funding?** *Please choose the option that best describes your situation.*  
 Yes, it would have been completed in the same time period with other funds  
 Yes, but on a smaller scale in the same time frame  
 Yes, but delayed one (1) year or less  
 Yes, but delayed more than a year  
 No, this project would not have been undertaken
7. **Years shared in the financial risk &/or business operation?**  Less than 1 year  1-5 years  6-10 years  10+ years
8. **Hours committed on the farm?**  Less than 10 hrs/wk  10-25 hrs/wk  26-39 hrs/wk  40+ hrs/wk
9. **BQA Certification Number (only required for Large Animal):** \_\_\_\_\_
10. **Applying for CAIP in more then one county?** YES NO **If yes, which county:** \_\_\_\_\_

**Education:** Have you fulfilled your educational requirement? YES NO *(Signed Educational Certification Form must be submitted)*

**Title, date, location of educational session:** \_\_\_\_\_

### Producer Certification:

I hereby certify that I have read all of the requirements for the KADB cost-share program for which reimbursement is being requested and agree to follow the guidelines established by the KADB. I understand that I am required to provide **ALL** of the above information prior to receiving cost-share.

I also certify that I have not received more than the \$5,000 maximum cost-share per producer annual limit, through this program from this and/or any another county within the same program year.

I agree to use the cost-share funds I receive in the manner intended by the Kentucky Agricultural Development Board. I agree to follow all Investment Area Guidelines for eligibility and reimbursement.

Signature: _____	
Name Printed: _____	Date: _____

**Continue to back of this page to complete report.** →→→→

# Investment Area Information

ALL QUESTIONS (1-3) **MUST BE ANSWERED**

1) Select investment area for which cost-share reimbursement is being requested and complete questions 2 and 3.

\_\_\_ **AG DIVERSIFICATION:** \_\_\_ Horticulture \_\_\_ Aquaculture \_\_\_ Timber Production, Utilization/Mktg

\_\_\_ **LARGE ANIMAL:**

\_\_\_ Cattle: \_\_\_ Genetics (Bulls / Semen / Heifers) \_\_\_ Handling Facilities \_\_\_ Milk Production

\_\_\_ Equine

\_\_\_ **SMALL ANIMAL:**

\_\_\_ Goat/Sheep Production: \_\_\_ Genetics \_\_\_ Handling \_\_\_ Milk Production

\_\_\_ Swine Production

\_\_\_ Bees

\_\_\_ Rabbits

\_\_\_ **FARM INFRASTRUCTURE:**

\_\_\_ Farm Storage Facilities

\_\_\_ Greenhouse Construction/Conversion

\_\_\_ Livestock, Equine & Poultry Facilities

\_\_\_ On-Farm Composting

\_\_\_ **FENCING & ON-FARM WATER:**

\_\_\_ Fencing

-Provide FSA Map or PVA Farm Map with total distance of fence being built drawn on the map

-Agricultural justification for fence: \_\_\_\_\_

\_\_\_ On-Farm Water

\_\_\_ Water Source Enhancement / Development \_\_\_ Water Movement \_\_\_ Environmental Stewardship (field drainage/tile)

\_\_\_ **FORAGE & GRAIN IMPROVEMENT:**

\_\_\_ Forage, Pasture, & Grain Production \_\_\_ Commodity Handling /Forage Equip

\_\_\_ **INNOVATIVE AGRICULTURAL SYSTEMS:**

\_\_\_ Fenceline Feeders \_\_\_ Gravel Paver Grid \_\_\_ Solar Powered Watering System \_\_\_ Tire Waterers \_\_\_ Water Harvesting

\_\_\_ **ON-FARM ENERGY:** \_\_\_ Upgrades \_\_\_ Energy Efficient Bldg Components & Renewable Energy Products

\_\_\_ Professional Fees & Training \_\_\_ Biomass Crop Production \_\_\_ Equipment & Infrastructure Prod

\_\_\_ **POULTRY & OTHER FOWL**

\_\_\_ **TECHNOLOGY & LEADERSHIP:**

\_\_\_ Precision Ag \_\_\_ Animal Date Mgmt \_\_\_ Farm Safety \_\_\_ Computer Hardware & Software \_\_\_ Misc Equipment

\_\_\_ Leadership Dev (Provide proof of enrollment/acceptance & invoice/letter from leadership program coordinator with contact info)

\_\_\_ **VALUE-ADDED & MARKETING:** \_\_\_ Value-Added \_\_\_ Agritourism Dev \_\_\_ Certified/Com Kitchen \_\_\_ Marketing & Promotion

**A BRIEF DESCRIPTION FOR EACH REIMBURSEMENT PRACTICE AND COST MUST BE PROVIDED**

2) Describe cost-share reimbursement practice(s) and total project cost for investment area:

2.1) Investment Area 1: \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Describe reimbursement practice: \_\_\_\_\_

\_\_\_\_\_

2.2) Investment Area 2: \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Describe reimbursement practice: \_\_\_\_\_

\_\_\_\_\_

2.3) Investment Area 3: \_\_\_\_\_ Total Project Cost: \$ \_\_\_\_\_

Describe reimbursement practice: \_\_\_\_\_

\_\_\_\_\_

3) Total Project(s) Cost for all Investment Area(s): \$ \_\_\_\_\_

# C.A.I.P. Reimbursement Purchase Form

*This form is **REQUIRED** if you make any purchases from an individual and it **MUST** be filled out entirely.*

*This means the seller must provide their name, address, contact number, list what was purchased, the method of payment, sign and date this form; failure to provide this info will result in your purchase not being eligible for cost-share.*

***This form is NOT required when you purchase from a store that gives you a receipt with all the required information.***

## RECEIPT

**CONTACT INFORMATION MUST BE PROVIDED FOR BOTH SELLER AND BUYER**

**Seller :**

Name: _____ <i>Please Print</i>
Address: _____ _____
Ph Num: _____
Cell Num: _____

**Buyer:**

Name: _____ <i>Please Print</i>
Address: _____ _____
Ph Num: _____
Cell Num: _____

Quantity	Description	Amount
<b>Total Amount Received</b>		<b>\$</b>

**Method of Payment:** \_\_\_\_\_ Check (ck# \_\_\_\_\_)      \_\_\_\_\_ Money Order

**Seller's Signature:** \_\_\_\_\_ **Date of Purchase:** \_\_\_\_\_





# Large Animal Investment Area: Heifer Affidavit



## General Information

Producer Name (Buyer): \_\_\_\_\_

Total Project Cost: \_\_\_\_\_

Total Cost-share Requesting: \_\_\_\_\_

## Project Information

Which did you purchase?(Circle one) Beef Dairy

Type purchased: (Circle one) Bred Open w/Calf (under 30 months, 2019 only)\*

Breed of Purchase: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Age of Animal(s) at Purchase: \_\_\_\_\_

Animal Identification: \_\_\_\_\_

*(Breed reg. number, tattoo, brand, ear tag, EID, etc. – list ID and note type)*

***I hereby certify that the animal(s) listed above meet the requirements for heifers purchased through the Heifer Purchase Program.***

Seller \_\_\_\_\_ Date: \_\_\_\_\_

Buyer \_\_\_\_\_ Date: \_\_\_\_\_

### Administrator Information

County: \_\_\_\_\_

Application Number: \_\_\_\_\_

***\*Beginning 2019: Heifers, under 30 months of age purchased with a calf, are eligible but do not require pelvic measurement and tract scores.***

## Requirements for Heifer Purchases Program - Beef

(<http://www.kyagr.com/marketing/beef.html>)

### **Bred Heifers:**

1. All bred heifers must be bred to calving ease bulls based on their EPDs (see Beef Sire Selection for Cattle Genetics Improvement Program). **The EPDs of the service sire must be provided at the time of sale.**
2. All bred heifers must be owned by the consignor at the time of breeding.

### **Open Heifers:**

1. All open heifers must be owned a minimum of 60 days prior to consignment and be a minimum of 12 months of age on sale day.

### **Vaccination:**

Heifers must be vaccinated for IBR, BVD, PI3, BRSV, Leptospirosis, Vibriosis, (Campylobacter Fetus), and 7-Way Blackleg. Various products may be used on the heifers. Label directions concerning booster vaccinations must be followed. Initial vaccinations and boosters must be administered to all heifers and cannot be given within two weeks prior to sale day. Any intramuscular vaccines should be given in the neck. A veterinarian and/or a signed statement from the producer must validate vaccinations.

### **Parasite Control:**

All heifers must be treated for internal and external parasites within 45 days of sale. Products for internal parasite control must have a label claim for all stages of the parasite life cycle.

### **Bred Heifers:**

Consignors guarantee heifers to be safe in calf. If a heifer is proven open by veterinary exam within 30 days after sale, the consignor will replace the heifer or make financial settlement with the buyer. All heifers must have had a yearling pelvic measurement of **160 square centimeters** or greater, and/or 18 months old heifers must have a pelvic measurement of **200 square centimeters** or greater. Tract score and pelvic measurement work should be done by local vet and statement brought to the sale.

### **Open Heifers (ready to breed):**

Open heifers that are 15 months of age or less must have a reproductive tract score of 2 or greater on sale day. Heifers that are older than 15 months of age must have a reproductive tract score of 4 or 5 on sale day. Open heifers must be pregnancy checked and certified open. Tract score and pelvic measurement work should be done by local vet and statement brought to the sale. All consignors guarantee that animals are sold as represented. If not then settlement must be made with the buyer.

### **Blemishes:**

Heifers with active cases of Pinkeye or scars resulting from Pinkeye will not be eligible for sale. Heifers must be polled or dehorned and healed completely by sale day.

### **Body Condition:**

All heifers must have a minimum body condition score of 5 on sale day. Open heifers must weigh 700 pounds or greater upon check in at the sale.

### **Sire Requirements:**

Bulls of known ID and breed must service heifers. All service sires must have complete EPD information, with emphasis placed on birth weight and calving ease.