## 2021 KADF Project Application

## Request for Fundsapplication-header2

**Application Number:**

***GOAP Use Only***

## 🖝 *PLEASE CAREFULLY REVIEW THE REQUEST FOR FUNDS GUIDELINES PRIOR TO COMPLETING AN APPLICATION* 🖜

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | | | | | |
| Has this organization/individual ever submitted an application to the KADF? 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | |
| 1a. Organization Name (Legal Name of the Farm Business Entity or Individual): | | | | | | | | | | | | | | | | 1b. Tax Identification Number (EIN/SSN): | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | |
| *Must match the name registered to the TIN provided in 1b.* | | | | | | | | | | | | | | | | **Nine** digit number issued by the IRS | | | | | | |
| 1c. County | | | | 1d. For Profit? | | | | | | 1e. Main Phone | | | | | | **1f. Digital Media (opt.)** | | | | | | |
|  | | | | 🞎 Yes 🞎 No | | | | | | (     ) | | | | | | Twitter Handle: | | | | | | |
| 1g. Registered with the Ky. Secretary of  State’s Office? | | | | 🞎 Yes 🞎 N/A - *individuals/sole proprietors, board of education,*  🞎 No *conservation district, fiscal court, other gov’t* | | | | | | | | | | | | 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) | | | | | | | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | |
| 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/individual) | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | |
| Prefix | | | Name (First MI Last) | | | | | | | | | | *Title* | | | | | | | | | |
| **3b. AR Contact Info** | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | |
| Email | | | | | | | | | *Work Phone* | | | | | | | | | | *Mobile/Cell Phone* | | | |
| **3c. AR Address** (Legal Agreement will be mailed here) | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | *Address Line 2* | | | | | | | | | | | |
|  | | | | | | **KY** | |  | | | | | | | |  | | | | | | |
| City | | | | | | State | | ZIP Code | | | | | | | |  | | | | | | |
| 4a. Project Contact (if different from AR, person(s) responsible for the daily management of the project) | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | | |
| Prefix | | | Name (First MI Last) | | | | | | | | | | *Title* | | | | | | | | | |
| 4b. Project Contact Info | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | |  | | | |
| Email | | | | | | | | | *Work Phone* | | | | | | | | | | *Mobile/Cell Phone* | | | |
| 4c. If there are multiple project contacts, then list others here with name, email and phone: | | | | | | | | | | | | | | | | | | | | | | |
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| Project Location & Request | | | | | | | | | | | | | | | | | | | | | | |
| **5. Project Address** (If different than addresses in 2. or 3c. above) | | | | | | | | | | | | | | | | |  | | | | | |
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| Address Line 1 | | | | | | | | | | | *Address Line 2* | | | | | | | | | | | |
|  | | | | | | **KY** | |  | | | | | | | |  | | | | | | |
| City | | | | | | State | | ZIP Code | | | | | | | | *Project County* | | | | | | |
| 🖝 *This application is for requests to fund projects that fall outside standard county program guidelines.* 🖜 *Requests for additional funds for an existing project should use the “Request for Amendment” Form.* | | | | | | | | | | | | | | | | | | | | | | |
| **6a. County Funds Requested:**  County\*:       Amount: $ | | | | | 6b. State Funds Requested:  $ | | | | | | | | | | 6c. TOTAL Agricultural Development Funds Requested: $ | | | | | | | |
| *\*List “County, Amount” here, if multiple county requests:* | | | | | | | | | | | | | |  | | | | | | *Reflect total in budget.* | | |
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| 7. Has the organization / individual listed in 1a. received a KADF award prior to this application? | | | | | | | 🞎 Yes If yes, please specify totals:  🞎 No State $        County $ | | | | | | | | | | | | | | | |
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| Documentation Check List | | | | | | | | | | | | | | | | | | | | | | |
| **🖝 *Please mark each item that is included in the submitted application.*****🖜**  ***An incomplete application may delay processing of request.*** | | | | | | | | | | | | | | | | | | | | | | |
| * Completed application, signed by the Authorized Representative of the entity or individual applying * Registered and in good standing with the Secretary of State  *(Exceptions: sole proprietorship / unregistered partnership, board of education, conservation district, governmental entity)* * Signature Authorization * Financial Documentation / Budget, as outlined in section 4. * Supporting Documents, as outlined in section 5. * On-Farm Water Management submissions consult On-Farm Water Management Guidelines for all required documentation * Meat Processing Levels 3 & 4 submissions consult Meat Processing Investment Program Guidelines for all required documentation * Press Release Sheet   Please, DO NOT submit applications with any type of binding (e.g. notebooks, spiral binding, etc.).  See *Guidelines – Request for Funds* for important information to consider when applying for funds  and for instructions on submitting your proposal. There are also additional guidelines for farmers market and community garden applications.  The above referenced guidelines are available online at <https://agpolicy.ky.gov/funds/Pages/program-portal.aspx>.  Click on KADF Project Application to view all options.  The Kentucky Agricultural Development Board and the Governor’s Office of Agricultural Policy reserve the right  to request or require revisions or clarifications of submitted proposals. | | | | | | | | | | | | | | | | | | | | | | | | |
| *Answers to the following questions may be done in a separate document, using the same numbering to identify each question being answered.* *If a question does not apply to your project, then enter N/A.* | | | | | | | | | | | | | | | | | | | | | | |
| General Questions | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Briefly describe your project (75 words or less): | | | | | | | | | | | | | | | | | | | | | | |
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| 1.2 Who are the primary participants in the project?  [Participants are those groups or individuals involved in the project.] | | | | | | | | | | | | | | | | | | | | | | |
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| 1.3 Provide detailed information on the past and present tobacco dependence of all participants in this project: | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | 1.3.1 Did participant(s) receive a Phase II check? | 🞎 Yes  🞎 No | 1.3.2 Did participant(s) receive a Buyout check? | 🞎 Yes  🞎 No | | 1.3.3 Did participant(s) own quota? | 🞎 Yes  🞎 No | * + 1. Has participant(s) grown  and marketed tobacco? | 🞎 Yes  🞎 No | | | | | | | | | | | | | | | | | | | | | | | |
| 1.4 How many farm families will benefit directly from this project in the first year? Be specific. ***NOTE:*** *Applicants shall reveal the names of any County Agricultural Development Council members who may benefit from this proposed project.* | | | | | | | | | | | | | | | | | | | | | | |
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| 1.5 If this is a multi-county regional or statewide project, then please list the counties that will benefit directly? | | | | | | | | | | | | | | | | | | | | | | |
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| Project Details | | | | | | | | | | | | | | | | | | | | | | | |
| * 1. Description of project – Please give the details of the project. Tell about the project’s history, present status, and future projections. | | | | | | | | | | | | | | | | | | | | | | |
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| 2.2 Products or services – Provide a detailed description of products or services related to this project.  *What products or services will be offered? What is unique about the products or services? What will the products or services do for customers?* | | | | | | | | | | | | | | | | | | | | | | |
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| ***(Project Details, cont.)***  2.3Describe how the Kentucky Agricultural Development Funds will be used.  **Note:**  Only project expenses incurred after receipt of the application by the Governor’s Office of Agricultural Policy are eligible for funding. | | | | | | | | | | | | | | | | | | | | | | |
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| 2.4 What criteria will be used to measure the success of your project? What measurable data will you use in defining progress/success? | | | | | | | | | | | | | | | | | | | | | | |
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| 2.5 Is this project expected to create jobs? If so, how many and what type of jobs do you expect this project to create? Will these jobs be full-time, part-time or seasonal? Explain. | | | | | | | | | | | | | | | | | | | | | | |
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| 2.6 Location – Where will the project be located, and why was this location chosen? | | | | | | | | | | | | | | | | | | | | | | |
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| 2.7 Management – List the duties and responsibilities of the primary participants named in Section 1-2. List their qualifications to perform their duties, including past experience and current occupation. | | | | | | | | | | | | | | | | | | | | | | |
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| 2.8 Record Keeping – What records will be kept and how will they be used in analyzing the success of your project? Who will do your record keeping/accounting? | | | | | | | | | | | | | | | | | | | | | | |
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| 2.9 Insurance – Does your current insurance cover the components of this project? If not, what type(s) of insurance will you need? Provide quotes where applicable. | | | | | | | | | | | | | | | | | | | | | | |
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| Marketing Plan | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1Strategy – What is your marketing strategy? How do you plan on achieving your marketing objectives? | | | | | | | | | | | | | | | | | | | | | | |
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| 3.2 Target Market – What is your target market? To whom will you attempt to sell your product/service? Identify characteristics of your customers. Who are your major competitors? | | | | | | | | | | | | | | | | | | | | | | |
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| 3.3Advertising - What types of advertising will you use? How will you tailor your advertising to your target market identified in the above section? | | | | | | | | | | | | | | | | | | | | | | |
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| 3.4 Pricing – What is your product/service price? How did you arrive at your pricing structure? | | | | | | | | | | | | | | | | | | | | | | |
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| 3.5 Distribution – What is your distribution strategy? | | | | | | | | | | | | | | | | | | | | | | |
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| Financial Documentation | | | | | | | | | | | | | | | | | | | | | | | |
| Project Budget Detail & Description – Complete the attached Project Budget & Description Form. Provide any other pertinent information on additional sheets.All Projects – Provide a two-year projected cash flow statement.Existing Businesses – Submit previous year’s balance sheet and income statement.New Businesses – Provide pro forma balance sheet and income statement, including pertinent assumptions. | | | | | | | | | | | | | | | | | | | | | | |
| Supporting Documents *Depending on the size, scope and type of project, you may be asked to provide one or more of the following:* | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 Resumes – Provide résumés for all management team participants mentioned in section 2.7.5.2 Letters of Commitment – Provide a letter from each project participant who is directly involved in implementing and maintaining the project. This letter should explain what role this participant plays in this project.5.3 Invoices / Cost Estimates / Quotes – For equipment purchases, construction activities or remodeling, please provide copies of invoices, written estimates, or catalogue pages noting price of equipment.5.4 Copies of leases, contracts or other legal documents (if applicable)5.5 Formal Business Plan - If you have a formal business plan, please submit a copy. This application provides the minimum requirements for a business plan. Note that the business plan is the most essential portion of this application.5.6 Additional Documentation - | | | | | | | | | | | | | | | | | | | | | | |
| 1. business tax returns for the previous three years 2. personal financial statements from each business owner and principal manager 3. personal income tax returns from each business owner for up to the previous three years 4. schedule relating to any lines of credit, promissory notes or outstanding loans with terms, payment schedule and collateral used for security 5. letter of reference/commitment from bank or other lenders 6. a sources and uses of funds statement 7. information necessary to obtain a credit report 8. appraisal of project related properties | | | | | | | | | | i. legal instruments that relate to business formation and organization  j. explanation of any judgments, collections, liens or bankruptcies  k. plans, drawings, photographs or sketches of project  l. bids or contracts for equipment and outside services  m. letter of intent from potential customers or distributors  n. current materials such as brochures, business cards, stationery and promotional pieces  o. copies of any applicable licenses or permits  p. producer commitment form  q. resumes of key management personnel  r. any other information deemed necessary | | | | | | | | | | | | |
| See **“Request for Funds - Guidelines”** for important information to consider when applying for funds, especially matching\* requirements. | | | | | | | | | | | | | | | | | | | | | | |
| **Project Budget & Description Form** | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Project Budget**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Budget Category/Item | Description | Total Item Amount | Other Funds\*\* (Match) | KADB Funds Requested\* | | *Example: Cooler* | *10’x20’ double door walk-in* | *$12,000* | *$6,000* | *$6,000* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | Budget Totals: |  |  |  |   \* In general, KADF funds should be 50% or less of the total project costs.  **Section 2: Matching Funds** (\*\*Other Funds)   |  |  |  | | --- | --- | --- | | Source of Match | Secured or Pending? | Match Amount ($) | | *Example: Loan – local bank (commitment letter attached)* | *Secured* | *$6,000* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  | Total: |  |   Attach additional pages, as necessary, as well as provide any comments or clarifications regarding your request for funding.  Documentation to verify matching funds may be requested.  **For assistance in completing the budget and/or matching fund sections, please contact GOAP at 502-564-4627 and ask for a project manager.**  *You may be asked to submit a revised budget if the budget you provide does not fit within funding guidelines.* | | | | | | | | | | | | | | | | | | | | | | |
| 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 Governor’s Office of Agricultural Policy (GOAP) 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 or confirmation of fraudulent responses will result in disqualification for consideration.  The Kentucky Agricultural Development Board reserves the right to terminate any Legal Agreement with the applicant, if at a future date it becomes aware of any false statements or material misrepresentation(s) contained in this application.  **Funded participants shall adhere to all local, state and federal rules and regulations.**  By signing this, I acknowledge that I have read the above disclaimer and accept and agree to be bound by the terms thereof. | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Signature of Applicant or Authorized Representative: |  | Date: |  | | Name, printed: |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| *kafc_logoNote: Financing for your project may also be available through the Kentucky Agricultural Finance Corporation, which provides low interest loans in participation with your local lender.  For more information, visit http://kafc.ky.gov or contact* [*Ali.Hulett@ky.gov*](mailto:Ali.Hulett@ky.gov)*, (502)-564-1757.* | | | | | | | | | | | | | | | | | | | |

## application-header22021 Governor’s Office of Agricultural Policy

**Application Number:**

***GOAP Use Only***

## PRESS RELEASE INFO SHEET

|  |
| --- |
| Introduction |

## The Governor’s Office of Agricultural Policy sends out press releases on projects and programs approved through the Kentucky Agricultural Development Fund. To ensure the proper message is distributed to media and other contacts, please provide the following information:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information for Use in Press Release | | | | | | | | | | | | |
| APPLICANT NAME: | | | | | | | | | | | **PROJECT TITLE:** | |
|  | | | | | | | | | | |  | |
| **CONTACT PERSON:** | | |  | | | | | | |  | |  |
| First Name | | | | |  | | | | | Last Name | | Title |
| Phone: | (     ) | | | Cell: | | (     ) | | | Organization Website: | |  | |
| E-mail Address\* : | |  | | | | | | *\* This email may be used in the press release.* | | | | |
| Add me to the county e-mail distribution list: | | | | | | | 🞎 Yes  🞎 No  🞎 Already on | | | Add me to the general distribution list for all GOAP updates: | | 🞎 Yes  🞎 No  🞎 Already on |
| Project / Program Request | | | | | | | | | | | | |
| Provide a brief summary of the project. (What is the main goal of the project? What will the funds be used for?) | | | | | | | | | | | | |
| Any other information you would like to include in press release: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| LOCAL MEDIA: Please provide e-mail addresses or fax numbers for local or regional newspapers, radio or television stations, magazines or other media outlets that cover your area: | | | | | | | | | | | | |
| Notice of Intent to Release | | | | | | | | | | | | |
| **🖝 Monthly approved program awards will be listed in the statewide press release sent immediately 🖜 following the respective Kentucky Agricultural Development Board meeting. This release will include the contact information  provided above. Individual project press releases will be on a case-by-case basis.**  **If you would like to request an individual press release for your project, then please submit your request to** [**govkyagpolicy@ky.gov**](mailto:govkyagpolicy@ky.gov)**.** | | | | | | | | | | | | |