



2024 On-Farm Water Management SMALL SCALE GRANT PROGRAM

PLEASE CAREFULLY REVIEW THIS PROGRAM'S GUIDELINES PRIOR TO COMPLETING AN APPLICATION

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

Direct questions concerning this application to the Kentucky Horticulture Council: 859-490-0889 or Info@KYHortCouncil.org.

Applicant Information			
Has this organization/individual ever submitted an application to the KADF for the On-Farm Water Management Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1a. Organization Name (Legal Name of the Farm Business Entity or Individual):		1b. Tax Identification Number (EIN/SSN):	
<i>Must match the name registered to the TIN provided in 1b.</i>		<i>Nine (9) digit number issued by the IRS</i>	
1c. County	1d. For Profit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1e. Main Phone ()	1f. Digital Media (opt.) Twitter Handle:
1g. Registered with the Ky. Secretary of State's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - <i>individuals/sole proprietors are not required</i>	<i>If you are not registered, and are required to be, then visit sos.ky.gov.</i>		Facebook ID: Website:
2. Organization Address (Check will be mailed here)			
<i>Address Line 1</i>		<i>Address Line 2</i>	
<i>City</i>	KY State	<i>ZIP Code</i>	
3a. Authorized Representative (AR) (person authorized to sign legal contracts on behalf of the organization/individual)			
<i>Prefix</i>	<i>Name (First MI Last)</i>	<i>Title</i>	
3b. AR Contact Info			
<i>Email</i>		<i>Work Phone</i>	<i>Mobile/Cell Phone</i>
3c. AR Address (Legal Agreement will be mailed here)			
<i>Address Line 1</i>		<i>Address Line 2</i>	
<i>City</i>	KY State	<i>ZIP Code</i>	
4a. Project Contact (if different from AR, person(s) responsible for the daily management of the project)			
<i>Prefix</i>	<i>Name (First MI Last)</i>	<i>Title</i>	
4b. Project Contact Info			
<i>Email</i>		<i>Work Phone</i>	<i>Mobile/Cell Phone</i>



4c. If there are multiple project contacts, then list others here with name, email and phone:

Project Location & Request

5. Project Address (If different than addresses in 2. or 3c. above)

Address Line 1		Address Line 2	
City	KY State	ZIP Code	

6. Project County:

7. Farm Serial Number (FSN):

8a. Total Project Costs: \$

8b. Total Funds Requested: \$

(Max. \$10,000, not to exceed 50% of total project costs.)

9. Project

Enterprise(s) (select all that apply): Fruit Vegetable Ornamental Other – Specify:

10. On-Farm Water

Source Impacted by Project (select all that apply): Municipal Ground (i.e. well) Surface (i.e. pond/lake/stream) Catchment System (i.e. gutter/cistern)

Project Justification, Timeline, and Knowledge Transfer Plan

1. How will this project directly benefit your farm/operation:

2. Provide a brief timeline for the project:

3. What is your preferred method to share project results with other growers:

- on-farm field day
- on-farm recorded video/social media
- presentation at industry meeting (i.e. KSHS/KVGA Fruit & Vegetable Conference, annual OAK conference)
- other (please describe:)

Please identify proposed partners for knowledge transfer:

Project Certification Statements

- own rent the land on which the project will be implemented
- I have an updated farm water quality plan
- I have at least \$25,000 in Gross Farm Income (GFI) or 20% of my gross income is from farming for the previous two years (calculated by dividing the GFI amount found on the Schedule F by the Adjusted Gross Income amount found on the Form 1040).
- I have have not completed the Produce Safety Alliance (PSA) Grower Training on the Food Safety Modernization Act (FSMA)

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)
- Map of the Project Area** (Google Earth image with boundaries marked is acceptable)
- Narrative**, discussion of the project's objectives and explanation of any other economic benefits of the project. *The narrative will assist the review committee in evaluation of the application.*
- Documentation of Kentucky Agriculture Water Quality Plan**
<https://eec.ky.gov/Natural-Resources/Conservation/Pages/Agriculture-Water-Quality-Act.aspx>
- Documentation of Intended Purchases (new/used)**, quotes from manufacturer and/or installer
- Farm Income Documentation**, for the last two years
Documentation related to farm income calculation
(see On-Farm Water Program Guidelines)

Please, DO NOT submit applications with any type of binding (e.g. notebooks, spiral binding, etc.)

For program eligibility, eligible expenses and other information about this program, see
On-Farm Water Management Program 2024 Guidelines
“V. SMALL SCALE GRANT PROGRAM”

The Kentucky Horticulture Council reserves the right to request or require revisions or clarifications of submitted proposals.



Project Budget and Funding Sources

Full Project Budget:

For this section, list all items where reimbursement is being requested (this includes building components, equipment, etc.). Add lines as needed.

Please note: there is no maximum on total project costs; however, reimbursement is only available up to \$10,000.

Best Management Practice* <i>(Example: 636 – Water Harvesting Catchment)</i>	Investment Item <i>(Example: cistern)</i>	Total Item Cost <i>(include installation)</i>	Amount Requested from OFWM Small Scale Grant <i>(if not marked, 50% of item cost presumed)</i>
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	Totals:	\$	

*See Appendix B of the 2024 On-Farm Water Management Program Guidelines for "Eligible On-Farm Water Management Program Practices."

Matching Funds:

For this section list all sources of funds that will finance remainder of the project. Examples of other sources include EQIP, loans, personal funds, etc. Please also mark the amount and status as secured or pending.

Please note: Kentucky Agricultural Development Funds can only comprise up to 50% of the total project costs. This means any combination of CAIP, Next Generation, KADF On-Farm Energy, KADF On-Farm Water or KAFC loan cannot exceed 50% of total costs on any one project.

Source of Match	Secured or Pending	Match Amount (\$)
	Total:	



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 Kentucky Horticulture Council (KHC) 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.

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

Additionally, I understand that KHC receives funding from the Kentucky Agricultural Development Fund (KOAP) and has the obligation to inform the Kentucky Agricultural Development Board (KADB) regarding the disbursement of funds. All personal financial information will remain confidential; however, pursuant to KRS 61.872, I acknowledge that my name, amount of the grant, and a general statement summarizing the scope of the project may be released to the public.

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): _____

Please submit the application with supporting documentation to:

Kentucky Horticulture Council
ATTN: On-Farm Water Management Program
PO Box 21736
Lexington, KY 40522-1736

Or

info@kyhortcouncil.org

Contact:

859-490-0889
info@kyhortcouncil.org
www.kyhortcouncil.org



APPENDIX A: Scoring Worksheet

This section will be completed by the On-Farm Water Management Technical Advisory Group (TAG) and KHC Staff.

	Total Points Available	Points Awarded	Explanation / Justification
Total Number of Best Management Practices (BMPs)	20		
Number of Eligible Direct Water Quantity BMPs <i>(Currently on farm or in conjunction with project)</i>	15		
Number of Complementary Indirect Water Quantity BMPs implemented on operation. <i>(Currently on farm or in conjunction with project)</i>	15		
Planned BMP implementation appropriate for listed issue in narrative?	30		
Practices being utilized only eligible under KADF On-Farm Water Management Program <i>(not eligible under NRCS or EQIP)</i>	10		
County Tobacco Settlement Dollars Available	10		
Total	100		

<p># of Best Management Practices (BMPs)</p> <p>1 5 points 2 10 points 3 15 points > 3 20 points</p> <p># of Direct Water Quantity BMPs</p> <p>1 5 points 2 – 3 8 points 4 – 5 10 points > 5 15 points</p> <p># of Indirect Water Quantity BMPs</p> <p>0 – 1 5 points 2 – 3 8 points 4 – 5 10 points > 6 15 points</p>	<p>Planned BMP implementation appropriate for listed issue (narrative)</p> <p>Strongly Agree (all BMPs) 30 points Agree (majority of BMPs) 20 points Undecided/Neutral 10 points Disagree (minority of BMPs) Ineligible Strongly Disagree (all BMPs inappropriate) Ineligible</p> <p>Practices being utilized only eligible under KADF OFWM Program</p> <p>Yes 10 points No 0 points</p> <p>County Tobacco Settlement Dollars Available</p> <p><\$15,000 10 points \$15,000 - \$50,000 6 points \$51,000 - \$100,000 4 points >\$100,000 2 points</p> <p>Minimum Score to be Eligible: 50 points</p>
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