

2022 KADF Project Application REQUEST FOR FUNDS

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.

		Ар	plicant	Information	
Has this or	ganization/indiv	idual e	ver submi	tted an application	on 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 register	red 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.	□ Yes □ N/	A - indi	ividuals/sole pr	oprietors, board of	Facebook ID:
Secretary of State's Office?	□ No	education con	*	ct, fiscal court, other gov't	Website:
State's Office?	If you are not registere				
2. Organization Addre here)	ess (Check will be	mailed			
Address Line 1				Address Line 2	
		KY		1	
City		State	ZIP Code		
Prefix Name (Firs	st MI Last)			Title	
Email		Work Pho	ne	Mobile/Cell Phone	
3c. AR Address (Legal	Agreement will be	mailed	here)		
Address Line 1				Address Line 2	
City		KY State	ZIP Code		
City					
4a. Project Contact (i	f different from AR	, persor	n(s) respon	sible for the daily i	nanagement of the project)
Prefix Name (Firs	t MI Last)			Title	
4b. Project Contact In	ıfo				
Email			Work Pho		Mobile/Cell Phone
4c. If there are multiple	project contacts, t	then list	others her	<u>re with name, e</u> ma	I and phone:



			ion & Requ	uest	
. Project Address (If different than a	iddresses	n 2. or 3c. a	ibove)		
Address Line 1			Address Line 2		
City	KY State	ZIP Code		Project County	
This application is for reque Requests for additional funda. County Funds Requested: County*: Amount: \$	ds for an e		ct should use t	he "Request for Ame	endment" Form.
*List "County, Amount" here, if multiple county re	quests:			Re	flect total in budget.
. Has the organization / individual 1a. received a KADF award prior application?		□ Yes □ No		e specify totals: ate \$	County \$
	Doc	umentat	ion Check	Lict	



Please <u>mark each item</u> 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
bin	ase, DO NOT submit applications with any type of binding (e.g. notebooks, spiral ding, etc.). <u>lines – Request for Funds</u> for important information to consider when applying for
	funds
and for insti	ructions 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.
Answers to the	e 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.
	1. General Questions
1.1 Briefly d	escribe your project (75 words or less):
	the primary participants in the project? nts are those groups or individuals involved in the project.]
1.3 Provide d project:	etailed information on the past and present tobacco dependence of all participants in this

KENTUCKY AGRICULTURA

theck? No No Check? Check Check? No Check? Check Check		1.3.1 Did participant(s) receive a Phase II	☐ Yes	1.3.2 Did participant(s) receive a Buyout	☐ Yes			
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. 1.5 If this is a multi-county regional or statewide project, then please list the counties that will benefit directly? 2. Project Details 2.1 Description of project - Please give the details of the project. Tell about the project's history, present status, and future projections. 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? (Project Details, cont.) 2.3 Describe 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. 2.4 What criteria will be used to measure the success of your project? What measurable data will you use in defining progress/success? 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.		check?	□ No check?		□ No			
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2.6 <u>Location</u> – Where will the project be located, and why was this location chosen?	Р	roject to create: will these jobs be i	un-unic,	out time of seasonal: Explain.				
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2.7 <u>Management</u> – 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.
2.8 <u>Record Keeping</u> – 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?
2.9 <u>Insurance</u> – Does your current insurance cover the components of this project? If not, what type(s) of insurance will you need? Provide quotes where applicable.
3. Marketing Plan
3.1 Strategy – What is your marketing strategy? How do you plan on achieving your marketing objectives?
3.2 <u>Target Market</u> – 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?
3.3 Advertising - What types of advertising will you use? How will you tailor your advertising to your target market identified in the above section?
3.4 Pricing – What is your product/service price? How did you arrive at your pricing structure?
3.5 <u>Distribution</u> – What is your distribution strategy?
4. Financial Documentation



- 4.1 <u>Project Budget Detail & Description</u> Complete the attached Project Budget & Description Form. Provide any other pertinent information on additional sheets.
- 4.2 All Projects Provide a two-year projected cash flow statement.
- 4.3 Existing Businesses Submit previous year's balance sheet and income statement.
- 4.4 <u>New Businesses</u> Provide pro forma balance sheet and income statement, including pertinent assumptions.

5. 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 <u>Letters of Commitment</u> 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 <u>Invoices / Cost Estimates / Quotes</u> 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 <u>Formal Business Plan</u> 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 -
- a. business tax returns for the previous three years
- b. personal financial statements from each business owner and principal manager
- c. personal income tax returns from each business owner for up to the previous three years
- schedule relating to any lines of credit, promissory notes or outstanding loans with terms, payment schedule and collateral used for security
- e. letter of reference/commitment from bank or other lenders
- f. a sources and uses of funds statement
- g. information necessary to obtain a credit report
- h. appraisal of project related properties

- 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
- I. bids or contracts for equipment and outside services
- m. letter of intent from potential customers or distributors
- 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

Section 1. Project	Duuget			
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:			
		**	=00/ .	

^{*} 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:		



Note: 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, (502)-564-1757.

Application Number: GOAP Use Only





2022 Governor's Office of Agricultural Policy 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] Yes	Add me to the general distribution list for all GOAP updates:			
	1 NO -				
	Already on		☐ Already on		
Project / Program Request					
Provide a brief summary of the project. (What is	the main goal of the project? Wha	at will the funds be used	d for?)		
Any other information you would like to include	in press release:				
,					
LOCAL MEDIA: Please provide <u>e-mail addresses</u> or <u>fax</u> other media outlets that cover your area:	numbers for local or regional newspa	pers, radio or television	stations, magazines or		
,					
Notice of Intent to Pologo					
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 govkyagnolicy@ky gov					