****

**Checklist for 2025 CAIP Program Administration**

|  |  |  |
| --- | --- | --- |
|  | *Item* | *Date Completed* |
|  | **Complete Application for New Program or Amendment and Submit to County Council. *County Council forwards Application, Prioritization Sheet, and Conflict of Interest Form to KOAP.*** |  |
|  | **Receive Letter of Acknowledgement/Summary Email from KOAP**   * Letter/email will provide application number and KADB meeting date   Application #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **KADB Decision** (KADF Programs Manager will communicate board decision via email) |  |
|  | **Receive Legal Agreement or Amendment from KOAP** |  |
|  | **Return Legal Agreement or Amendment Signed by Authorized Representative**   * Submit proof of bonding with legal agreement if not previously submitted |  |
|  | **Receive Executed Legal Agreement from KOAP**   * Date the KOAP Exec. Dir. signs the agreement is the execution *and* anniversary date | Execution Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Receive Funds** |  |
|  | **Advertising & Promotion**   * **Minimum 3-week period**, beginning *after* executed agreement is received * Advertisement/Promotion shall acknowledge that this program is sponsored in part by the Kentucky Agricultural Development Fund (KADF)\* * Send copy of advertising/promotion to KOAP, no later than with submission of 6-month reports   Date Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Application Period**   * **Minimum 15 business days**, beginning *after* executed agreement is received   Date Begin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date End: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Score Universal CAIP Producer Applications**   * Each application shall be scored by **three** or more individuals from the administrating entity  (See guidelines for additional requirements for scoring committee.) |  |
|  | **Notify Producers in Writing of Approval, Waiting List, or No Fund Status**   * Templates provided by KOAP |  |
|  | **Set Deadline for Submission of Proof of Purchase and Producer** **Report & Certification** Deadline Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Conduct Site Visits** (minimum of 25% of approved applicants or 13 recipients, whichever is lesser; all capital construction projects shall be visited) |  |
|  | **Reimburse Producer**   * Educational component shall be attained by producer prior to reimbursement (completed in the last 6 months. See guidelines for details.) * *Producer Report & Certification* form must be completed by producer and submitted to administrator prior to reimbursement * No cash purchases may be reimbursed; beginning in 2020 proof of payment is required * Each check shall be signed by 2 members of the administrating entity |  |
|  | **Submit 6-month Summary & Detail Reports+**  Date due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (6-months after the ***execution*** date) |  |
|  | **Submit 12-month Summary & Detail Reports+**  Date due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: The 12-month report is not a cumulative report; only covers the* ***last 6-months*** *of agreement* |  |
|  | **Submit Any Remaining Funds to KOAP**   * Each check shall be signed by 2 members of the administrating entity * Make check payable to: KY State Treasurer and mail to KOAP, 107 Corporate Dr., Frankfort, KY 40601 |  |
|  | **Submit Copies of Cancelled Checks to KOAP** (no later than 60 days after the final report or ***anniversary*** date, whichever comes first) |  |
|  | **Receive Letter of Completion from KOAP** |  |

**\***The KADF logo can be downloaded at <https://www.kyagr.com/agpolicy/Kentucky-Agricultural-Development-Fund-Administrators.html>.

**+**Reporting forms can be downloaded at <https://www.kyagr.com/agpolicy/Kentucky-Agricultural-Development-Fund-Report.html>