## 2025 On-Farm Energy Efficiency

## Incentives Programapplication-header2 Application

**Application Number:**

***KOAP Use Only***

## 🖝 *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 Office of Agricultural Policy* [*KOAP@ky.gov*](mailto:KOAP@ky.gov) *or 502-573-0282.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 (9) 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 are not required*  🞎 No | | | | | | | | | | | 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: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Project Location & Request | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Project Address** (If different than addresses in 2. or 3c. above) | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | *Address Line 2* | | | | | | | | | | | |
|  | | | | | | **KY** | | |  | | | | | |  | | | | | | | | |
| City | | | | | | 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 + $300 audit)* | | | | | | | | | | | |  | | | |
|  | | | | | | | |  | | | | | | | | | |  | | | | | |
| 9. Project Enterprise (select one): | | | | | Beef Dairy\* Grain Horticulture Poultry Other – Specify: | | | | | | | | | | | | | | | | | | |
| *\*Dairy applicants shall be permitted by the Kentucky Milk Safety Branch* Milk Permit #:  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. | | | | | | | | | | | | | | | | | | | | | | | |
| 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)* * Narrative, discussion of the project’s objectives and explanation of any other economic benefits of the project. *The narrative does not replace other questions in the application, but may assist the review committee in its evaluation of the application.* * Investment Justification (required) Energy Audit performed by an approved third-party professional engineer (P.E.) or Certified Energy Manager (CEM) * Documentation of 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 Energy Guidelines page 1 Section B.2.)*   Please, DO NOT submit applications with any type of binding (e.g. notebooks, spiral binding, etc.).  Contact a KADF Project Manager for instructions on submitting your proposal  502-573-0282 or [KOAP@ky.gov](mailto:KOAP@ky.gov).  For program eligibility, eligible expenses, and other information about this program, see *2025 On-Farm Energy Efficiency Incentives Program Guidelines.*    The Kentucky Agricultural Development Board and the Kentucky Office of Agricultural Policy  reserve the right to request or require revisions or clarifications of submitted proposals. | | | | | | | | | | | | | | | | | | | | | |
| **Data for this section to be provided by Energy Auditor\*.** | | | | | | | | | | | | | | | | | | | | | | |
| Farm Energy Use Related to Project | | | | | | | | | | | | | | | | | | | | | | |
| Answer each related to the farm’s use of energy, related to this project, for the most recent 12-month period. If your farm and home share the same utility invoices, please estimate the “farm only” portion to the best of your ability. | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Type** | Unit | Annual Use  in Units | Annual Cost | Avg. cost/unit | Convert Annual Use to BTUs (millions) | | Electricity | kWh |  | $ | $ |  | | Natural Gas | 1000 cu. ft. |  | $ | $ |  | | Propane | gal. |  | $ | $ |  | | Diesel | gal. |  | $ | $ |  | | Gasoline | gal. |  | $ | $ |  | | **Totals:** |  |  | $ | **$** |  | | | | | | | | | | | | | | | | | | | | | | | |
| Investment Justification | | | | | | | | | | | | | | | | | | | | | | |
| **Energy Efficiency Upgrades (building components, equipment, etc.):**  For this section list all items where reimbursement is being requested. Based on past operating expenses and production records indicate the anticipated energy savings for each item in dollars, the energy savings by quantity, type and units, percent savings, and the payback timeframe identified by the audit. Add lines as needed.   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Investment Item** (indicate if new/used and description of item) | Item Cost  (include installation) | | **Annual Project Energy Savings** | | | | | Simple Payback Period (years) | BTU Savings (millions) | | Percent BTU Savings  (%) | | | Quantity | Unit | Unit Cost | **Amount ($)** | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | |  | $ | |  |  |  |  | |  |  | |  | | | **Totals:** | $ | |  |  |  |  | |  |  | |  | | |  |  | |  |  |  |  | |  | |  | |  | | **\*Signature of Auditor:** | |  | | | | | **Date:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other Professional Third Party Services**  For this section list all items where reimbursement is being requested related to hiring professional services. Professional services include a third party to perform an energy audit on the farm, prepare an application for a federal grant program, or provide other consultation services identified in the guidelines attached. Resumes for service providers must be attached. Prior to reimbursement a copy of the executive summary of the audit or grant will be required. (add lines as needed) | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | **Scope & Details of activities to be performed** | **Detailed Cost of Activity** | |  |  | |  |  | |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Office of Agricultural Policy (KOAP) 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 KOAP is a governmental entity and has the obligation to inform the public 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: |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| *J:\KOAP Public Relations\Logos\KAFC\KAFC Logo@2x.pngNote: 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 www.kyagr.com/agpolicy or contact* [*KAFC@ky.gov*](mailto:KAFC@ky.gov)*, (502)-573-0282.* | | | | | | | | | | | | | | | | | | | | | |

**Contact a KADF Project Manager (502-573-0282;** [**KOAP@ky.gov**](mailto:KOAP@ky.gov)**) for instructions on application submission or submit original application with supporting documentation to:**

Kentucky Office of Agricultural Policy

ATTN: On-Farm Energy Program

107 Corporate Drive

Frankfort, KY 40601

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| APPENDIX A: Scoring Worksheet | | |
| **Data for this section to be provided by Energy Auditor.** | | |
| |  |  |  |  | | --- | --- | --- | --- | |  | **Total Points Available** | **Points Awarded** | **Explanation / Justification** | | Energy savings per $1000 of Cost-Share | **20** |  |  | | **Energy savings per $1000 of Project Cost** | **20** |  |  | | **Project Size** | **10** |  |  | | **Justification** | **25** |  |  | | **Percentage of Energy Savings** | **25** |  |  | | **Total** | **100** |  |  | | | |
| ***Scoring Template***  **Energy savings per $1000 of Cost-Share** *(million BTU/$1000)*  0 – 5.0 12 points  5.1 – 15.0 14 points  15.1 – 50.0 16 points  50.1 – 120.0 18 points  >120.0 20 points  **Energy savings per $1000 of Project Cost** *(million BTU/$1000)*  0 – 1.0 12 points  1.1 – 2.5 14 points  2.6 – 7.5 16 points  7.6 – 15.0 18 points  >15.0 20 points  **Project Size**  < $10,000 10 points  $10,000 – 19,999 7 points  $20,000 + 3 points | **Justification** (simple payback)  < 3 year payback 25 points  3.1-8.9 year payback 20 points  9 – 15.9 years payback 15 points  16-25 year payback 10 points  > 25 years 0 points\*  *\*projects with total payback over 25 years are ineligible*  **Percentage Energy Savings** (efficiency)  < 5% 0 points  5 – 14.9% 10 points  15 – 19.9% 12 points  20 – 24.9% 16 points  25 – 29.9% 18 points  30 – 35% 20 points  >35% 25 points  **Minimum Score to be Eligible: 25 points** |