## 2025 Application to Administer:

## application-header2Next Generation Farmer Program (NextGen)

**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 at* [*KOAP@ky.gov*](mailto:KOAP@ky.gov) *or (502) 573-0282.*

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | |
| Has this organization ever applied to administer a KADF program? 🞎 Yes 🞎 No | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a. Organization Name (Legal Name of the Entity): | | | | | | | | | | | | | | | | | | | | | | 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. Profit Organization? | | | | | | | 1e. Main Phone | | | | | | | | | | | | **1f. Digital Media (opt.)** | | |
|  | | | 🞎 Yes 🞎 No | | | | | | | (     ) | | | | | | | | | | | | Twitter Handle: | | |
| 1g. Registered with the Ky. Secretary of  State’s Office? | | | 🞎 Yes 🞎 N/A – *conservation district, board of education, fiscal court, other gov’t*  🞎 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) | | | | | | | | | | | | | | |  | | | | | | |  | | |
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| 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) | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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) | | | | | | | | | | | | | | | |  | | | | | | | | |
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| Address Line 1 | | | | | | | | | | | | | | | | *Address Line 2* | | | | | | | | |
|  | | | | | | | | **KY** | | |  | | | | | | | | | | |  | | |
| City | | | | | | | | State | | | ZIP Code | | | | | | | | | | |  | | |
| 4a. Program Administrator (if different from AR, person(s) responsible for the daily management of the program) | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | |  | | | |
| Prefix | Name (First MI Last) | | | | | | | | | | | | | | | | | | | | *Title* | | | |
| 4b. Program Administrator Contact Info | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  |
| Email | | | | | | | | | | | | *Work Phone* | | | | | | | | | | | | *Mobile/Cell Phone* |
| 4c. If multiple people administer this program, then list others here with name, email and phone: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual(s) listed in section 4 and his/her household(s) are ineligible to apply for CAIP in 2025.**  **If no one listed, then it will be presumed that the AR is also the Program Administrator.** | | | | | | | | | | | | | | | | | | | | | | | | |
| NextGen Program Request | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Program County:** | |  | | | | | \* *Items in this section are subject to approval by the County Agricultural Development Council. The final approval by the KADB will reflect the Council’s priority sheet answers.* | | | | | | | | | | | | | | | | | |
| **6a. Total Funds Requested:** | | | | $ | | | | | | 7a. Maximum Producer Limit  (Not to exceed $5,000): | | | | | | | | | | | | | $ | |
| *\*All producers are eligible to receive the maximum limit\** | | | | | | | | | | | | | | | | | | | | | | | | |
| 6b. Total Administrative Expenses (6% or less): | | | | $ | | | | | | 7b. Producer Incentive Limit  for Primary Focus Area(s): | | | | | | | | | | | | | $ | |
| *(Admin. Budget must be provided on pg. 2 )* | | | | | | | | | | | | | | | | | | | | | | | | |
| 6c. Total Funds for Cost-Share (6a. – 6b.): | | | | $ | | | | | | 7c. Producer Incentive Limit for Secondary Focus Area(s): | | | | | | | | | | | | | $ | |
|  | | | | | |  | | | | *(Min. 50% of primary focus)* | | | | | | | | | | | | | | |
| 8. What are you requesting for the minimum score for approval?  Statewide minimum score is 44. | | | | |  | | 9. Choose one (1) of the following ways to allocate producer funds: | | | | | | | | | | | | 🞎 1. Producer Maximum, all approved applicants will be allocated the full producer maximum  🞎 2. Budget, producers may request less than the producer maximum and if approved will be allocated only the requested amount | | | | | |
| 10. Will you be using pro-rating to divide funds evenly between approved applicants? *(select only one)* | | | | | | | | | 🞎 No | | | | 🞎 Yes, only for ties | | | | | | | 🞎 Yes, all above the minimum score will be pro-rated | | | | |
| 11. Will you be implementing a retroactive period? | | | | | | | | | 🞎 No | | | | 🞎 Yes | | | | | If yes, how many months?  Shall not exceed 6 months prior to the execution of the Legal Agreement. | | | | | | |
| Program Administration Questions | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Scoring Committee: Who will be evaluating producer applications?  (min. of three individuals who are not submitting an application for funding and neither are their households) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Scorer 1:  Scorer 2:  Scorer 3: | | | | | | | | | | | | | | | | | If more than three are on the scoring committee, then please include the remaining list of all who may participate on the committee:   If more than three are on the scoring committee, then please attach a list of all who participate on the committee. | | | | | | | | |
| Per II.A. of the Standard Guidelines, County Agricultural Development Council members and county extension agents are not allowed to score applications. For a list of your County Council’s membership, visit <https://www.kyagr.com/agpolicy/County-Agricultural-Development-Councils.html>. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Who will be responsible for completing and submitting the required reports? (name, email)\* | | | | | | | | | | | | | | | | | | | | | | | | | |
| \* If this person is only completing and submitting reports and is not involved in any other aspect of program administration, then he/she is not considered a program administrator. However, if this individual is involved in any daily management of the program, applications, etc., then he/she must be listed in section 4 on page 1 of this application. Failure to do so may be grounds for a formal “Warning” from KOAP Compliance. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Identify a minimum of two co-signers for the purpose of signing checks. Identify who will be bonded.  (Submit proof of bonding.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Co-Signer 1 (bonded):  Co-Signer 2: | | | | | | | | | | | | | | If more than two are authorized to sign checks, then please include names of all who may sign checks, if needed: | | | | | | | | | | | |
| 15. **Advertising & Promotion of Program Availability:** List at least two forms of promotion that will be used to prominently display when and where producer sign-ups will occur. This may include, but not be limited to a newspaper advertisement, Facebook, extension newsletter, website, posted flyer, or other promotion method.  (proof of promotion submitted no later than 6-month report) | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 16. **Administrative Budget:** If any of the funds will be used for administrative purposes, then provide a detail of estimated expenses below. **This must be completed at the time of application,** if administrative funds are requested in 6b. on page 2. | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  | | --- | --- | | Administrative Purpose | Estimated Expense | |  | $ | |  | $ | |  | $ | |  | $ | |  | $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Check List | | | | | | | | | | | | | | | | | | | | | | | | | |
| **🖝 *Please mark each item that is included in the submitted application.*****🖜** | | | | | | | | | | | | | | | | | | | | | | | | | |
| * This application, signed by the Authorized Representative of the entity applying * Registered and in good standing with the Secretary of State  *(Exceptions: Conservation Districts & Fiscal Courts)* * Signature Authorization  *(a copy of documentation (e.g. meeting minutes or other document) designating a member who may sign legal agreements from within the last 12-months)* * Proof of Bonding: 🞎 provided with application OR 🞎 will be sent with Legal Agreement * Completed Priority Sheet (county council responsibility) *Must be signed by a minimum of five council members. If “every other year” option is chosen, it must be reflected in the council’s minutes.*  The Kentucky Agricultural Development Board, Kentucky Office of Agricultural Policy, and the County Agricultural Development Councils reserve the right to request or require revisions or clarifications of submitted proposals. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Kentucky Agricultural Development Board reserves the right to terminate any Legal Agreement with applicant, if at a future date it becomes aware of any false statements or material misrepresentation(s) contained in this application. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will administer the Next Generation Farmer Program (NextGen) in accordance**  (Administrative Entity) to the state approved guidelines established by the Kentucky Agricultural Development Board. | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Signature of Authorized Representative: |  | Date: |  | | Name, printed: |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| APPENDIX A: Instructions for Submission |
| *Proposals for a Next Generation Farmer Program (NextGen) are required to use this application. The application form may be reproduced and distributed. Reproductions must be clear and made on 8.5” x 11” paper.*  **Incomplete or missing information/documentation may delay processing and consideration of the application.** |
| * 1. Prior to submission, make sure the organization/entity formally exists.  *When deciding whether to create some type of corporate type business entity, the applicant is strongly advised to seek legal counsel to address issues such as tax treatment and liability prior to submitting an application.*   2. Make sure your proposal includes appropriate legal documentation where signatory authorization is given to the Authorized Representative listed on the proposal cover sheet.   3. **Proposals for county funds** must be made directly to the appropriate county council(s). Completed proposals will be prioritized by the county council according to the County Comprehensive Plan for Agriculture and forwarded to the Kentucky Agricultural Development Board for final funding decision. Some applicants may be requested by their county council to make a formal presentation.   4. **Address for Submissions:** applications along with a signed county council priority sheet should be sent to the following address:   Kentucky Office of Agricultural Policy 107 Corporate Drive Frankfort, KY 40601  ATTN: NextGen Application   5. NextGen proposals submitted to the KOAP office should include **the original proposal,** including supporting documents and prioritization form. Applicants not submitting appropriate number of copies may be charged for copies made.   All completed proposals shall be reviewed by the county council within 60 days of receipt. NextGen proposals submitted to the Kentucky Agricultural Development Board (KADB) will be considered by the KADB on a monthly basis.  NextGen proposals received in the Kentucky Office of Agricultural Policy (KOAP) by the last Friday of the month will be considered at the following month’s KADB meeting. For example, if a complete application is received by the last Friday of January, then it may be eligible for consideration at the February KADB meeting, provided all guidelines are met.  *Direct questions regarding the proposal process to the Kentucky Office of Agricultural Policy  (502) 573-0282 or* [*KOAP@ky.gov*](mailto:KOAP@ky.gov)*.* |

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| APPENDIX B: Post-Award Grant Management |
| *The following information is provided in the event that this application is approved. By providing this information, there is no implication that this application will receive funds. All applications must be prioritized by the County Agricultural Development Council from which funds are sought and approved or denied by the KADB.* |
| **A. Post-Approval Process**   1. **Notification of Approval** – Once your application has been approved, you will receive notification to confirm the date of approval, amount of funding and the terms of the program approved by the Kentucky Agricultural Development Board. 2. A Legal Agreement will then be mailed to your organization. 3. **Review the agreement carefully.** If the agreement is acceptable, then the authorized representative for the organization signs the agreement. There must be minutes or other documentation, from within the last 12-months, on-file with our office, giving the authorized representative signatory authority. If there are errors in the agreement, then please contact KOAP at (502) 573-0282. 4. Read the agreement cover letter and follow the instructions contained therein. It may contain information necessary for release of your funds. The following issues generally cause the most delays:    1. If a corporate entity applied, make sure your organization is registered in “Good Standing” with the Kentucky Secretary of State’s Office (sos.ky.gov) as a legal entity for conducting business in Kentucky. Organizations in “Bad Standing” must correct the rating before funds can be disbursed.    2. Disbursement of funds will be dependent upon up-to-date reporting of both programs and projects administered by an entity.   Administrators who fail to follow the guidelines for the incentive areas or who fall behind in reporting, may be placed on a “watch list” or “probation.” Administrators who are placed on probation and do not meet the terms of their probation may be “suspended” and are no longer eligible to administer Kentucky Agricultural Development Fund programs/projects. |
| **B. Responsibilities of Program Administrators**  Grant recipients are responsible for:   1. Complying with all guidelines of the NextGen and CAIP, including terms and conditions in the Legal Agreement. 2. Ensuring that Kentucky Agricultural Development Funds are used only for expenditures covered within the CAIP Incentive Areas, which are used for NextGen. 3. Maintaining fiscal responsibility for the funds awarded through this program. 4. Submitting *CAIP* *Producer Cost-Share Detail* and *Summary Sheet* every six (6) months after the execution date of the Legal Agreement and close-out documentation no later than 60 days after the term of the Legal Agreement. The reporting workbook may be downloaded from <https://www.kyagr.com/agpolicy/Kentucky-Agricultural-Development-Fund-Report.html>. The reporting workbook shall be completed in its entirety and uploaded to the secure submission site. 5. Acknowledging funding provided by KADF, as outlined in the Legal Agreement. |