***CountyName County***

**Youth Agricultural Incentives Program (YAIP)**

Administered by:

***Entity Name***

*Address*

***Date***

***Applicant Name***

*Address*

Application Status: ***Approved***

Dear ***Applicant Name***,

Thank you for submitting an application for the 2025 Youth Agricultural Incentives Program (YAIP). Congratulations, you have been approved to receive funding for the investment areas submitted in your application.

The county maximum for cost-share is **$00.00\*** per student per program year. The cost-share amount is based on a **50/50** match. Approved YAIP funding is disbursed on a reimbursement basis, upon **completion** of the project.

Participation in YAIP ***requires an educational component*** ***(minimum of two hours total)*** from the following: 4-H club education (specific to your investment area), FFA program education (specific to your investment area), leadership or community service, or marketing or promotion. Cost-share reimbursement will not be made to before the educational requirement has been met.

The student is also required to either make a presentation to mentor and peers related to your project or organize a community service event or workshop/field day.

Some Investment Areas have additional prerequisites. Please review Investment Area Guidelines to make sure all requirements have been met to be eligible for cost-share reimbursement, as well as to review eligible cost-share items.

Once your project is completed, please supply the following:

1. Completed *Student Report & Certification* form with all necessary signatures,
2. Dated receipts indicating buyer and seller information, and
3. Proof of payment for each receipt

Reimbursements are retroactive to ***6 Month Date***. Please note, cash purchases are not eligible for reimbursement.

**DEADLINE:**

**SUBMIT TO:**

Should you fail to use your funds by the deadline, said funds shall be reallocated to the next eligible applicant. Please notify me if you wish to release your approved funding.

The ***Entity Name*** office is open from ***8:00 a.m. to 4:30 p.m. Monday through Friday.*** If you have any questions pertaining to your approval status and/or guideline eligible items or prerequisites, please contact our office at ***phone number or email***.

Sincerely,

***Program Administrator***

***Entity Name***

**Attachments:**

* *2025 YAIP Guidelines*
* *YAIP Student Report & Certification* Form