

Kentucky Department of Agriculture
Commissioner Jonathan Shell
2024 Farm to Fork Program



The 2024 Kentucky Proud[®] Farm to Fork program will increase the awareness of the local food movement by partnering with organizations to benefit a charity in their community. These organizations can host an event to highlight local farms, farmers, producers and Kentucky Proud[®] farm products.

What is Kentucky Proud[®]?

Kentucky Proud is the official state agricultural marketing program administered by the Kentucky Department of Agriculture (KDA).

About the grant:

This cost-share grant reimburses 50% (up to \$750) of the event's eligible Kentucky Proud products and associated promotional expenditures. Only those meal ingredients and items with **Kentucky Direct-Farm Impact** will be eligible for consideration. Eligible farm food purchases and items can be submitted for the full grant amount. Marketing and promotional costs cannot exceed 50% of the total reimbursement.

Promotional expenses include but are not limited to advertisements for the event, menu cards, tickets, and on-site signage. All promotional expenses must include the Kentucky Proud logo.

What is Direct-Farm Impact?

Menu items must be sourced directly from a Kentucky Proud farm where the commodities were grown/raised, from a processing plant that can identify the Kentucky Proud farm of origin, or a distributor/business that can track either of these conditions. The Kentucky Proud logo on a product does not always indicate direct farm impact. Please contact our office to confirm.

Deadlines:

All Farm to Fork Events must take place before November 17, 2024. Applications for Farm to Fork events are due 30 days before the event. Expenditures occurring before the date the application is approved by KDA will not be eligible for consideration.

Reimbursement forms from the Host Organization must be submitted to KDA within 45 days after the date the event occurs.

Additional information: Please visit our website at www.kyproud.com or you may contact the Program Coordinator, Alisha Morris, at 502-782-4119 or by email at alisha.morris@ky.gov.



Participation Guidelines

Please review before submitting the application.

I understand and agree to the following:

- Host Organizations must submit the completed and signed 2024 Farm to Fork application with the Limited License Agreement, signed and notarized Required Affidavit for Bidders, Offerors, and Contractors form, and the EZ Vendor Registration Application to be considered.
- Farm to Fork Host Organizations must designate a 501(c)(3) charity as the beneficiary of the event and provide paperwork.
- Host Organizations and charity can be the same entity.
- A minimum of fifty (50) participants in the event are required for the event to be eligible for reimbursement.
- Host Organizations will be responsible for completing proper forms, submitting receipts, and providing the completed expenditure report before receiving reimbursement. Photos of the event **are required** for reimbursement and must include images of the food/venue, and marketing materials with the Kentucky Proud logo.
- Host Organizations will not be reimbursed for donated marketing and promotional materials. Host Organizations will also not be reimbursed for donated food items.
- Promotional materials and event advertisements must include the Kentucky Proud[®] logo and/or reference to Kentucky Proud[®] sponsorship.
- No more than three (3) sponsored events per county and no more than \$2,250 in support to the same Host Organization. Approval will be based upon the date the completed Farm to Fork applications were received by KDA and the availability of program funds.

Checklist

All information required to be submitted to KDA for consideration of approval.

- ___ Application
- ___ Limited License Agreement
- ___ EZ Vendor Registration
- ___ Affidavit
- ___ 501c3 IRS Status

Kentucky Department of Agriculture

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2024 Farm to Fork Application



HOST ORGANIZATION & EVENT INFORMATION

Name of Host Organization: _____ County: _____

Contact Name: _____ Phone Number: _____ Host Tax ID#: _____

E-mail Address: _____ Web/Facebook URL: _____

Instagram: _____ Twitter: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Event Information: Date of Event: _____ Time of Event: _____

Event Venue and Address: _____

Number of participants (must be at least 50): _____ Request for KDA remarks? Yes _____ No _____

(Not required if requesting KDA remarks, please provide two tickets for the event)

Name of 501(c)(3) Charity: _____ Contact: _____

E-mail Address: _____ Phone Number: _____

Kentucky Farm Impact Menu

- To be eligible for reimbursement, please identify the direct farm impact foods that you will feature at your event. If the information is not available at the time of application, please send the menu to our office with your reimbursement.

ELIGIBLE EXPENSES

- Kentucky Proud Products:** The intent is that these products have a Direct Kentucky Farm Impact. These direct farm impact products must be sourced directly from a Kentucky Proud member farm where the commodities were raised, from a processing plant that can identify the Kentucky Proud farm of origin, or a distributor/business that can track either of these conditions. Eligible farm food purchases and items can be submitted for the full grant amount. **Alcohol is not an eligible expense.**
- Promotional, Branding Materials:** Tickets, menus, brochures, event advertisements, banners, signage, and items like these. All promotional materials must include the Kentucky Proud logo and/or reference to Kentucky Proud sponsorship. Marketing and Promotional costs cannot exceed 50% (\$375) of the total reimbursement. Copies of promotional and marketing materials, and **photos of the event must be submitted** with the expenditure report. **Apparel is not an eligible expense.**
- Need assistance sourcing food and developing your menu?** Kentucky Department of Agriculture staff will work closely with the Host Organization and chef to help identify and locate direct Kentucky farm impact food prior to the event to help build your menu. You may also visit the KDA Buy Local website for eligible products. www.kyagr.com/marketing/buy-local.html

Send completed application and agreement to:

Kentucky Department of Agriculture

Attention: Alisha Morris

111 Corporate Drive

Frankfort, KY 40601

Kentucky Department of Agriculture

Commissioner Jonathan Shell

2024 GRANT AWARD and LIMITED LICENSE AGREEMENT



WHEREAS, the Grantee, is qualified and has applied to participate in the Farm to Fork Program under guidelines issued by the Department of Agriculture; and

WHEREAS, KRS 260.019 authorizes the Commissioner of the Kentucky Department of Agriculture to expend funds to encourage the agricultural industry of the state.

NOW THEREFORE, the parties hereto mutually agree as follows:

The Grantor shall make available to the Grantee the sum of up to Seven Hundred and Fifty Dollars (\$750.00) to be used for reimbursement (50/50 cost share) meal ingredients and farm items with Direct-Farm Impact or advertising, or other promotional and marketing costs through participation in the Kentucky Proud Farm to Fork Program. Marketing and promotional expenses cannot exceed 50% of the total reimbursement.

The Grantee shall abide by all terms and conditions listed in the Grantor's "Participation Guidelines" for the Farm to Fork Program, attached hereto, and incorporated by reference.

The Grantee agrees to participate in the Grantor's Kentucky Proud® advertising assessment and to follow the Grantee's purchasing, advertising, promotional, or marketing plan approved by the Grantor.

The Grantor shall permit the Grantee non-exclusive use of the Kentucky Proud licensed materials and copies of licensed materials in accordance with this Agreement.

The Grantee acknowledges that the copyright and title to the licensed materials and any trademarks or service marks relating thereto remain with Grantor and/or its suppliers. The Grantee shall not have any right, title, or interest in the licensed materials except as expressly set forth in this Agreement.

Notwithstanding the following, the Grantee agrees not to modify or edit the licensed materials or logo in any manner. **1) Size.** The logo must match the size, location, frequency, and prominence of your business name/logo on all materials. If there is a doubt about the size of the Kentucky Proud Logo, enlarge it, making certain to maintain the aspect ratio of the logo. The components of the logo may not be rearranged, distorted, or re-made in any way. **2) Color.** The individual colors of the Kentucky Proud Logo (red, blue, and green) may not be changed to different individual colors. The Kentucky Proud Logo may be produced in the following **single** colors without prior permission: white, black, or blue. Any other **single** color requires written permission from KDA. The Kentucky Proud Logo in white on any solid color is acceptable. **3) Registered Trademark Symbol.** The logo's registered trademark attribute, ®, must be shown to denote the logo's registered trademark status. **4) Backgrounds.** If the Kentucky Proud Logo is going to appear over a background, such as a photo, place a white oval behind it, making certain not to clip the cardinal's wing.

The Grantee shall not superimpose its logo upon the materials. Product packages must be labeled with the current Kentucky Proud logo before producer can participate in program. However, if you are approved to use the Appalachia Proud Logo, the Homegrown by Heroes Logo, or another logo associated with a Kentucky Proud project that has received prior approval for reimbursement by KDA staff (with the exception of Kentucky Farms Are Fun); you may use them in place of the Kentucky Proud Logo, provided the version you use contains the Kentucky Proud Logo within it.

The Grantee shall allow Grantor to review the intended use of the licensed material prior to its publication or broadcast.

The Grantor shall issue funds on a reimbursement basis only. The Grantee shall submit to the Grantor copies of all invoices or receipts for goods and services purchased. If a reimbursement claim is approved, but there are insufficient funds in the program account, the claim amount will be paid as funds are accrued up to the end of the program. No goods and services shall be purchased which were not listed on the Grantee's application and approved plan without prior written approval from the Grantor. All reimbursement claims must be submitted in accordance with the program guidelines. **All requests for reimbursement must be submitted to Kentucky Department of Agriculture, 111 Corporate Drive, Frankfort, KY 40601, Attn: Alisha Morris or email Alisha.Morris@ky.gov within forty five (45) days after the date of the event occurs.**

The Grantee agrees that participation in this program is voluntary, and further understands that the Grantee is responsible for a legal review of any advertising.

The Grantor will not review and is not responsible for the legality of the Grantee's advertising.

The Grantee shall defend, indemnify, and hold harmless the Grantor, the Commonwealth of Kentucky, and its officers, management and employees from and against all actions or proceedings of any kind, claims, damages, liabilities, costs, and expenses, including legal costs and attorney fees, arising out of or relating to such advertising under this agreement.

The Grantor reserves the right to audit, amend, revoke, or interpret this program at any time, without liability, in its sole discretion. Prior interpretation or actions taken by the Grantor during this program are not binding and have no bearing on future decisions.

All funds available in this program are on a first-come, first-served basis, and are available only as funding lasts.

Applicant Signature: _____ Date: _____

KDA Executive Director: _____ Date: _____



2024 FARM TO FORK PROGRAM EXPENDITURE REPORT

This form must be completed after the event and returned to KDA with all invoices, photos, marketing material documentation, and other details within 45 days following the event. Please attach additional pages, if necessary. **Photos and images of the event are required.**

Host Organization: _____ County: _____

Contact Name: _____ Date of Event: _____

Mailing Address: _____ Phone: _____

City, State, Zip: _____ Number of Participants: _____
 (must have at least 50 participants for reimbursement)

Charity Supported by Event: _____

Amount Donated to Supported Charity: \$ _____ Host Organization Tax ID #: _____

KENTUCKY PROUD DIRECT FARM IMPACT FOODS AND PRODUCTS					
INVOICE DATE	NAME OF FARM OR BUSINESS	DESCRIPTION OF ITEMS AND QUANTITY	PRICE	AMOUNT	KDA ELIGIBILITY DETERMINATION
			TOTAL		

PROMOTIONAL AND BRANDING MATERIALS					
INVOICE DATE	NAME OF BUSINESS	DESCRIPTION OF ITEMS AND QUANTITY	PRICE	AMOUNT	KDA ELIGIBILITY DETERMINATION
			TOTAL		

GRAND TOTAL	
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The undersigned affirms that the above are actual expenditures related to the approved Farm to Fork Event.

Host Organization Representative Signature: _____ Date: _____

KDA Representative Signature: _____ Date: _____

Completed forms and receipts may be mailed or emailed to the following address. If you opt to send via email the file must be less than 6MB.



Required Affidavit for Bidders, Offerors and Contractors (KRS 45A.110 & 45A.115)

Affidavit Effective for One (1) Year from Date of Execution

Instructions: Pursuant to [KRS 45A.110](#) and [45A.115](#), a bidder, offeror, or contractor (“Contractor”) is required to submit a Required Affidavit for Bidders, Offerors, and Contractors to be awarded a contract, or for the renewal of a contract. An authorized representative of the contracting party must complete the attestation below, have the attestation notarized, and return the completed affidavit to the Commonwealth.

Attestation

As a duly authorized representative for the Contractor, I swear and affirm under penalty of perjury, that that the Contractor has not knowingly violated campaign finance laws of the Commonwealth of Kentucky and that the award of a contract will not violate any provision of the campaign finance laws of the Commonwealth. For purposes of this attestation, "Knowingly" means that the bidder or offeror is aware or should have been aware of the existence of a violation. The bidder or offer understands that the Commonwealth retains the right to request an updated affidavit at any time.

Signature

Printed Name

Title

Date

Bidder or Offeror Name: _____

Address: _____

Commonwealth of Kentucky Vendor Code (If known): _____

Subscribed and sworn to before me this ____ day of _____, _____.

State of: _____ Notary: _____

County of: _____ My Commission Expires: _____



Commonwealth of Kentucky

Office of the Controller
200 Mero St, 5th Floor
Frankfort, KY 40601

(502) 564-9641
(877) 973-4357 Toll Free

<https://emars311.ky.gov>

Fax (502) 564-5319

A Vendor Information

*Legal Name: _____

*Taxpayer ID Number: _____ SSN _____ EIN _____

Vendor Number: _____

*1099 Classification: (Select One)	Individual	LLC filing as Corporation	State Government	Other
	Sole Proprietor	LLC filing as Partnership	Other Government	
	Partnership	LLC filing as Sole Proprietor	Nonresident Alien	
	Corporation	Trust/Estate	Foreign Business Entity	

*Street: _____

*City: _____ *State: _____ *Zip Code: _____

*Contact: _____

*Phone: _____ Email: _____

B Enrollment or Change Authorization for Electronic Payments

Select One: New Enrollment Financial Institution or Account Change

Financial Institution Information	
Bank Name:	_____
Branch:	_____
City:	_____ State: _____ Zip Code: _____
Transit/ABA#:	_____
Account #:	_____
Account Type (select one):	<input type="radio"/> Checking Account <input type="radio"/> Savings Account

I, the undersigned, authorize the Commonwealth of Kentucky to initiate accounting transactions to deposit payments directly to the account indicated above and to correct any errors which may occur from the transactions. I also authorize the Financial Institution to post these transactions to that account. This authorization is to remain in force until the Commonwealth of Kentucky received written notice or cancellation.

Signature: _____ Date: _____

Name Printed: _____ Job Title: _____

Fields marked with and asterisk(*) are required. This cannot be processed without all the required fields.

C**Substitute IRS Form W-9 Certification**

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. Person (defined below)

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

For additional information refer to the [IRS website](#) and go to Form W-9.

*Signature of U.S. Person: _____

*Name Printed: _____ *Date: _____

The following information is provided to assist you in completing your EZ Vendor Registration Application.

Select either New or Modification. For Modifications, complete ONLY fields to be updated.

Section A - Vendor Information

Complete Section A for new vendor information or vendor modifications.

Legal Name on W-9: this is the Legal Name used for 1099 IRS filings. The Commonwealth of Kentucky verifies this information with the taxpayer ID number with the IRS. Vendor records will not be processed unless the Legal Name and TIN match.

1099 Classification: Select the appropriate classification that describes your organization.

Section B - Enrollment or Change Authorization for Electronic Payments

In order add or update banking information on your vendor record, complete Section B. ***This section is optional.***

NOTE: Email notification of payments will be sent to the email address listed on the form.

Section C - Substitute IRS Form W-9 Certification

- **Definition of a U.S. person.** for federal tax purposes, you are considered a U.S. person if you are:
 - An individual who is a U.S. citizen or a U.S. resident alien; A partnership, corporation, company or association created or organized in the United States or under the laws of the United States; An estate(other than a foreign estate); or
 - A domestic trust(as defined in Regulations section 301.7701-7).
- As a part of the KY Vendor Registration, the Commonwealth of Kentucky may request a signed and dated copy of your W-9 form. This form will be kept as an attachment to your entity's account. Registration may not be considered complete unless the W-9 is received, and payments for goods or services may be impacted without a properly executed W-9. Please submit the completed W-9 to the Customer Resource Center if requested.

Submission

Fax or email the completed form to our Customer Resource Center (CRC) at (502)564-5319 or finance.crcgroup@ky.gov.

Please Note: This is the abbreviated version of the Kentucky Vendor Registration Application. If you have multiple addresses or contacts, please complete the other form.

Fields marked with and asterisk(*) are required. This cannot be processed without all the required fields.