Youth Agricultural Incentives Program (YAIP) 2024 Student Application



CALDWELL COUNTY

Eligibility

The Youth Agricultural Incentives Program was established to facilitate a growing need for a specialized program that would benefit youth actively engaged in agriculture.

The focus of the program will be on youth developing agricultural projects, as well as strengthening partnerships with school ag programs, Cooperative Extension, and 4-H/FFA organizations.

- All answers provided shall be based on the *individual* student applying for funds
- Applicants may be asked to verify responses and/or provide supporting documentation
- Applicants are required to be enrolled in elementary, middle, high school, or a homeschool program
- Applicants shall be at least 9 years of age at the time of application based on 4-H program entry age
- Applicants under the age of 18 are required to have parental consent to participate in the program (See Parental Consent section)

Applicants are <u>only</u> eligible to receive funds in one of the following programs per program year: CAIP, Next Generation Beginning Farmer, or Youth Agricultural Incentives Program.

Student Applicant Information						
PLEASE PRINT						
First Name	Last Name					
SSN (REQUIRED)	Age					
Mailing Address						
(City, State Zip)	County					
Email Address						
Home # ()	Cell # ()					
School Information						
Select the school type for the school you are	currently attending.					
Elementary School Middle School	High School Home School					
Grade County						
Are you enrolled in a 4-H, FFA or other agric	ultural program in a county in which you <u>do not</u> reside?					
YES or NO (Please circle) If yes, list co	ounty of enrollment:					

Parent Infor	mation				
PLEASE PRINT					
First Name		Last Name			
Mailing Address	(Street)				
		County			
	(City, State Zip)	-			
Email Address _					
Home # <u>(</u>	_)	Cell # (
PARENTAL CO	NSENT				
I further promotional ma and have advise	consent and agree that KOAP terials. I am also aware of the d my child of the importance of	Id in any way necessary for the completion of the program. The may use my child's image, picture, likeness or name in risks and dangers associated with agricultural production, following all posted directions and instructions at and th Agricultural Incentives Program.			
Please print na	me				
Parent or Gua	rdian Signature	Date			
Mentor Info	rmation				
First Name		Last Name			
Mailing Address	(Street)				
		County			
	(City, State Zip)				
Email Address					
	_)				
Home # <u>(</u>					
Home # (Preferred Met Mentor Type: Extension Ag		Cell # ()			
Home # (Preferred Met Mentor Type: Extension Ag Youth Organi		Cell # () Mail Email Phone nt Agent Agriculture & Natural Resources Agent ience Agent Horticulture Agent			

length of the program and that I am not from the applicant's immediate family.

I also acknowledge that all youth education, investments, and reimbursements must have my approval before funds can be disbursed.

Mentor Signature _____ Date _____

GUIDELINES FOR FUNDING

- Funding for all projects shall not exceed the statewide maximum of \$1,500 per youth
- Counties may establish a lower youth maximum cost-share limit or PRO-RATE all eligible youth applicants. Your county's maximum is <u>\$1,500</u>.
- Reimbursements shall not exceed 50% of the total project cost for all eligible expenses
- Projects must be complete with all requirements met before funds can be disbursed

EXCLUSIONS:

- Consumables are <u>not</u> eligible (i.e. feed, hay, medicine, etc.)
- Transportation equipment, including trailers, wagons, and carts are <u>not</u> eligible
- Reimbursements for purchases, including labor, from the student's immediate family are not eligible (e.g. father/mother, brother/sister, grandparent(s), aunt/uncle, etc.)
- Chemicals (fertilizer, pesticides, herbicide, etc.) are not eligible
- All investments are for the individual student and shall not be a part of a larger school project or organization

Project Information

Where project will be located:

Street Add	lress		
City	State	Zip	COUNTY
PROJECT	TYPE – You may select up to <u>two (2)</u> Inv	estment Areas	
	Agricultural Diversification Greenhouse Horticulture Technology – Computer Software Wildlife Management		s & Aquaponics ed & Marketing
rein bee	Animal Production* Beef Dairy Equine Goat Sheep articipants purchasing any type of breeding livestock n hbursement. Participants purchasing heifers must sub n developed following the minimum guidelines outline iculture's "Herd Builders" replacement heifer program	mit Heifer Affivdiat to d by the University of	certify that all heifers purchased have
	Forage Improvement Seeding (based on 2024 CAIP approved seed lis	t, soil test required)	
	Showmanship* Beef Dairy	Sheep Rabbit	

____Goat _____Poultry
* Participants purchasing any type of breeding livestock must provide a copy of health papers when requesting
reimbursement. Participants purchasing heifers must submit Heifer Affivdiat to certify that all heifers purchased have
been developed following the minimum guidelines outlined by the University of Kentucky and the Kentucky Department of
Agriculture's "Herd Builders" replacement heifer program.

Swine

___ Equine

____ Ham purchase ____ Project supplies ___ Cost of participation in 4-H Country Ham Project

Project Summary

SUMMARY IS REQUIRED

Please provide a brief statement about your project.

Would you do this project without these funds? YES or NO (Please circle)

Why?

Who do you think has encouraged your involvement in agriculture the most?

EXPLAIN:

YOUTH ACKNOWLEDGEMENT

As the applicant, I acknowledge that I understand the **2024 Youth Agricultural Incentives Program** guidelines. I acknowledge that all applicants must adhere to program guidelines or may be disqualified from future participation in the Youth Agricultural Incentives Program.

I also acknowledge that I am only eligible to participate in one of the following KADF programs per program year: CAIP, Next Generation, YAIP. I recognize that funded participants shall adhere to all local, state and federal rules and regulations.

By signing this, I acknowledge that I have read the above acknowledgements, as well as, reviewed the program guidelines and that I accept and agree to be bound by the terms thereof.

Student Signature		_ Date _	
Parent Signature		Date	
· <u> </u>	Required if under the gae of 18		

For local program information, please contact your county program administrator.