Youth Agricultural Incentives Program (YAIP)

2025 Student Application

KENTUCKY AGRICULTURAL DEVELOPMENT FUND

MCCRACKEN 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)*
- *The overall intention of YAIP is to benefit students in agriculture, and therefore the student must have an obvious role in the project's implementation (feeding, building, maintenance, etc.), and they must directly benefit from the program educationally, financially, or otherwise*

Applicants are only 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 _____ **Age** _____
(REQUIRED)

Mailing Address _____
(Street)

_____ **County** _____
(City, State Zip)

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 agricultural program in a county in which you do not reside?

YES or **NO** **(Please circle)** If yes, list county of enrollment: _____

Parent Information

PLEASE PRINT

First Name _____ **Last Name** _____

Mailing Address _____
(Street)

_____ **County** _____
(City, State Zip)

Email Address _____

Home # (_____) _____ - _____ **Cell # (_____) _____ - _____**

PARENTAL CONSENT

As the parent or guardian, I understand and acknowledge the 2025 Youth Agricultural Incentives Program guidelines and agree to assist my child in any way necessary for the completion of the program.

I further consent and agree that KOAP may use my child's image, picture, likeness or name in promotional materials. I am also aware of the risks and dangers associated with agricultural production, and have advised my child of the importance of following all posted directions and instructions at and during all events associated with the 2025 Youth Agricultural Incentives Program.

Please print name _____

Parent or Guardian Signature _____ **Date** _____

Mentor Information

First Name _____ **Last Name** _____

Mailing Address _____
(Street)

_____ **County** _____
(City, State Zip)

Email Address _____

Home # (_____) _____ - _____ **Cell # (_____) _____ - _____**

Preferred Method of Contact: Mail _____ Email _____ Phone _____

Mentor Type:
__ Extension Agent: __ 4-H Youth Development Agent __ Agriculture & Natural Resources Agent
__ Family & Consumer Science Agent __ Horticulture Agent
__ Youth Organization Leader: __4-H __ FFA __ Ag. Teacher

MENTOR ACKNOWLEDGEMENT

As the youth mentor, I acknowledge that I am willing to provide consultation or assistance for the 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 $1,000.
- 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 **not** eligible – (i.e. feed, hay, medicine, etc.)
- Transportation equipment, including trailers, wagons, and carts are **not** 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 Address

City State Zip **COUNTY**

PROJECT TYPE – You may select up to **two (2)** Investment Areas

____ **Agricultural Diversification**

__ Greenhouse __ Horticulture __ Hydroponics & Aquaponics
__ Technology – Computer Software __ Value-Added & Marketing
__ Wildlife Management

____ **Animal Production***

__ Beef
__ Dairy
__ Equine
__ Goat
__ Sheep
__ Rabbit
__ Swine
__ Poultry
__ Bees
__ Livestock Barn

** 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.*

____ **Forage Improvement**

Seeding (based on 2025 CAIP approved seed list, soil test required)

____ **Showmanship***

__ Beef
__ Dairy
__ Equine
__ Goat
__ Sheep
__ Rabbit
__ Swine
__ 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.*

____ **Country Ham Project**

__ 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 **2025 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** _____

Required if under the age of 18

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