

2009 Application
Application Deadline: June 15, 2009
Completion Deadline: December 1, 2009

Fayette County Technology Cost-Share Program
Sponsored by:
Fayette County Beef Cattle Association
Fayette County Agriculture Development Board
Kentucky Agriculture Development Board

Applicants Name _____

Mailing Address _____
City Zip Code

Phone: Home: _____ Work: _____ Cell: _____

Social Security or Tax I.D. _____

Location of Farm _____
Road City Zip Code

FSA Farm Number _____ (Farm must be in Fayette County)

Farm Premise ID Number _____

Programs Applying For:

- _____ Precision Agriculture
- _____ Animal Data Management
- _____ Computer Hardware and Record Management Software
- _____ Other Equipment
- _____ Broadband Internet

Please answer the following questions. Applications receiving the most point will be given the highest priority. **Failing to complete this form will result in application denial.**

Please indicate the type(s) of farming operations you are currently involved in:

Beef _____ Equine _____ Sheep _____ Goats _____ Other _____
Grain _____ Tobacco _____ Hay _____ Horticulture _____

Did you own, rent, lease or grow tobacco in 2004? (10pts) Yes _____ No _____

Have you attended the Cost Share Training Meeting? (10pts) Yes _____ No _____

Please list any prior payments you have received for the following program: (10pts)

Cattle Handling Facilities	\$ _____
Technology	\$ _____
Farm Livestock Fence	\$ _____
Hay, Straw and Commodity Storage	\$ _____
Cattle Genetics	\$ _____
On Farm Water	\$ _____
Ag Diversification	\$ _____
Forage Improvement	\$ _____

Percent of Income derived from farming? (10pts) _____%

Please describe how your proposed project will enhance your operation: (10pts)

2009 EXPENSE ESTIMATES SHEET FOR MODEL PROGRAMS

MODEL PROGRAM APPLING FOR: _____

(This sheet represents the estimated amount of money expected to be spent on the project. Reimbursement will be determined by using the actual project receipts, not the estimate. Estimate is used to insure that enough monies are available for the project upon completion.)

FORM MUST BE ACCOMPANIED BY RECEIPTS FOR ALL LISTED ITEMS IN ORDER TO RECEIVE COST SHARE MONIES.

DATE	ITEMS PURCHASED	UNITS	TOTAL AMOUNT	COST SHARE AMOUNT
			<u>TOTAL AMOUNT</u>	<u>TOTAL COST SHARE AMOUNT</u>

SIGNATURE: _____

DATE: _____

Producer Certification Form

(Producer: Please retain a copy for your records. Administrator: Please keep with producer's application.)

The overall mission of the Agricultural Development Fund is to help the agriculture community diversify their agricultural operations and increase net farm income. To that end, Model Programs were developed to provide cost-share assistance to individual producers through a local program administrator. To judge the success and impact of these programs, as well as monitor the distribution of these funds, the Agricultural Development Board requires the below information. This information is required for a producer to receive funding.

All confidential information provided by the applicant shall be protected by the Agricultural Development Board and the County Agricultural Development Council, as outlined in the model program guidelines and the Kentucky Open Records Act, KRS 61.870 to 61.884.

Name:	
Farm Serial Number (FSN):	Social Security (SSN) / Tax ID (TIN) Number:
Farm Address:	
Farm County:	

Funds Received through This Model Program

Please list all funds received through the _____ (specify program)
model program by year in this or any other county.

2001-2007: \$	2008: \$	Total Funds: \$
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If this form is being used for the Cattle Genetics Improvement Program, then please list the number of bulls received, in addition to the above funding information.

of Bulls:

Note: Please refer to the model program guidelines for 12-month term maximums and lifetime program maximums.

I, _____, hereby certify that I have read all of the terms and requirements for this program and agree to follow the guidelines. I understand that I am required to provide all of the above information prior to participation in this program.

I also certify that I have not received funds for this model program from another county or for the above FSN within the last 12 months¹.

I agree to use the funds I receive in the manner intended by the Agricultural Development Board and the Program Administrator. I further agree to provide copies of invoices, receipts, cancelled checks, etc. to the Program Administrator.

I will report the progress and results of these improvement practices and any resulting economic value to my operation.

Signature:	Date:
Name Printed:	

¹ Note: Hay, Straw, & Commodity Storage and Farm Livestock Fencing participants shall not have received funds within the last 18-months.

**PLEASE RETURNED THE COMPLETED APPLICATION TO THE
FAYETTE COUNTY EXTENSION OFFICE
Application Deadline: June 15, 2009**

1. All requirements have been completed and are included in this application. Please read the enclosed requirements of program and attach all required documentation. I, (PRINT NAME)_____ certify that I understand all the requirements of the Technology Program. I also certify that I have read all of the rules, regulations and requirements and that I understand them. I further certify that I will not hold the Fayette County Agricultural Development Council liable for issues relating to the implementation and/or results of the program.
2. I understand that if this document is not returned with the sales receipt and all other required information I will not receive funds during this funding cycle.
3. I understand that December 1st 2009 is the deadline for completion of this project. I also understand that if I am unable to complete the project by this date I must reapply for Cost Share money before I can be reimbursed.

Applicant's Signature

Date

II. Eligible Investment Areas

A. Precision Agriculture

Cost Share Items

1. GPS Monitor/Receiver
2. GPS Light Bar/Guidance System
3. GPS Yield Monitor
4. Spatial Analysis Software/Training (Registration Only)
5. Computer GPS Hardware
6. Variable Rate Application Control Equipment
7. Services related to Spatial Management

B. Animal Data Management

Cost Share Items

1. Scale Head
2. Readers (Panels, Loops, Wands, and Portals)
3. Management Programs (e.g. CHAPS)
4. RFID Tags purchased through KBN (e.g. CPH45 tags)
5. Carcass Data Collection

Prerequisites

- Data collection must go through the Kentucky Beef Network (KBN) to be eligible for Animal Data Management cost-share items.
- Applicant must fill out Qualifying List [Appendix A], which will be sent to KBN for scoring, to determine eligibility for this Investment Area.

C. Computer Hardware and Record Management Software

Cost Share Items

1. Accounting Software
2. Tax Preparation Software
3. Data Base / Inventory Management Software
4. Personal Data Assistant (PDA)
5. Laptop, personal computer, or other hardware upgrades
6. One half the cost of participation in the Kentucky Farm Business Analysis Program

Prerequisites

- To be eligible for cost-share on hardware or record management software, the producer must have completed training certification for an eligible software package.

D. Broadband Internet Service

Cost Share Items

1. 50% of the cost of equipment and installation provided by a broadband provider not to exceed \$250.00 per producer.
2. 50% of the cost of broadband service for a period of one year not to exceed \$40.00 per month (\$480.00 for the one year) per producer.

Prerequisites

- “Producer” is defined by Social Security Number (SSN) / Tax Identification Number (TIN) and Farm Serial Number (FSN), neither of which may be used in combination
- Participating producers shall be tobacco dependant with one of the following as documented proof: evidence of a past Phase II payment; evidence of enrollment in the Tobacco Transition Payment Program; or an executed current marketing contract for tobacco production.
- To be eligible for reimbursement on one year of service, the producer must have the equipment installed and a copy of a signed service contract (minimum of one-year).

D. Other Equipment

Cost Share Items

1. Field Meters - pH, refractometer (Brix-meter), moisture, ERGS, ORP/Oxygen, Sodium, NPK: to monitor nutrients, moisture, etc.
2. Microscopes: to monitor for parasites in manure.

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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 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).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Technology Cost Share State Report

**This has to be filled out before money will be mailed!!

Date:

How many acres on this FSN farm?

Precision Ag Used before Cost-Share?

If yes, type used services/equipment?

Help/Expansion of current Precision Ag?

If no, how will it help?

What is your projected benefits?