

County Agricultural Investment Program (CAIP) 2024 Producer Application



HENRY COUNTY

- All answers provided shall be based on the individual applicant applying for CAIP funds.
- Applicant may be asked to verify responses and/or provide supporting documentation.
- All applicants must be 18 years or older at time of application.

PLEASE DETACH PRODUCER GUIDELINES. DO NOT SUBMIT WITH APPLICATION.

Applicant Information

First Name _____ Last Name _____

SSN _____
(REQUIRED)

Mailing Address _____
(Street)

(City, State Zip)

Email Address _____

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

Farm Information

Farm Serial Number (FSN) _____
(REQUIRED)

Farm Service Agency Office _____
(Associated County)

COUNTY of FARM _____
(REQUIRED)

Tax ID _____
(For Tax Purposes ONLY; not related to tax exemption)

Farm Name _____
(As listed with the Secretary of State)

Farm Address (If different from above)

(Street)

(City, State Zip)

Please select if you will be utilizing the above listed Tax ID for the purpose of your 1099. **YES** or **NO**

Does the FSN listed above span multiple counties? YES or NO (Please circle)

If yes, please list: _____

Eligibility Requirement: A copy of your **Kentucky Agriculture Water Quality Act (AWQA) Plan** OR **AWQA Self-Certification Form** for the farm listed above for which CAIP funding is requested.

Do you meet this requirements? YES or NO (Please circle) Provide verification/documentation with application.

For questions concerning the AWQA, visit eec.ky.gov/agwater or contact your Henry County Conservation District Office at (502) 845-3052.

Farm Information – (Continued)

Will you be applying for CAIP funds in another county? YES or NO (Please circle)

Will anyone else in your household be applying for CAIP funds in this or another county? YES or NO
If yes, please list name(s) with county: (Please circle)

Name _____ County _____

Name _____ County _____

HOUSEHOLD EXCLUSION

Only **one** individual per household is eligible to **apply for** CAIP funds within a program year. Proof of residency is required to verify that multiple individuals within the same household are not applying. Additionally, all applicants must be a resident of Kentucky.

Are you applying as a tenant farmer? YES or NO (Please circle)

If **yes**, please provide either 1) a FSA-578 form OR 2) a redacted copy of your schedule F AND written approval from the land owner giving you permission to use the owner’s FSN and granting access to the cost-share item (for a minimum of five years for capital improvements).

Additionally, the “Tenant/Owner Acknowledgement Form” must be submitted prior to approval.

Please review Section A.2. of the attached Producer Guidelines for additional limitations to Tenant/Owner participation in CAIP.

PLEASE NOTE**PROJECT LOCATION**

CAIP funds received shall be used for improvements in the **county in which funds are approved**, regardless of the county the Farm Serial Number (FSN) may span.

If your FSN spans multiple counties, you may be asked to provide verification that all projects are located within the county that funds are approved. There are **NO** exceptions to this policy.

Producer Questions

Questions in this section will be verified by your county program administrator for accuracy.

* Answers may be adjusted by the administrator to reflect verified funding information.
Points awarded will be for the verified answers.

1. Check which answer **best describes** your past participation statewide in the County Agricultural Investment Program (CAIP) cost-share funds for the past five (5) program years:

- I have received cost-share funds once through CAIP
 I have received cost-share funds twice through CAIP
 I have received cost-share funds three or more times through CAIP
 I have never received cost-share funds through CAIP

2. In the previous program year*, check which answer **best describes** you:

**If county has "every other year policy," then the last program year you were eligible.*

- I received funding for a completed project
 I applied but was not approved for funding OR I did not apply
 I was approved for funding but did not complete my project
 I was approved for funding but notified administrator that I would not use funds.
 I was placed on a waiting list but did not receive funds
 I was placed on a waiting list, later approved but did not complete my project

Administrators – please initial next to verified answers.

3. Have you been a resident of HENRY County for the last 5 years or more?

- YES NO

4. Have you managed a farm in HENRY County for the last 5 years or more?

- YES NO

5. At the time of application, how long have you shared in the financial risks and/or participated in the business operation of a farm?

- Less than 1 year 6 to 10 years
 1 to 5 years More than 10 years

6. Did you file a schedule F, schedule C, and/or 4835 (IRS tax forms) for agricultural purposes in the previous year?

- YES NO

7. Please mark the statement that best describes your level of tobacco dependency

(choose only one):

- I have owned quota or grown and marketed tobacco
- I have not grown tobacco or owned quota, but I am the son/daughter of someone who did
- I have never grown tobacco or owned quota

8. Within 5 years of the date of this application, have you done any of the following?

(select all that apply)

- added a new farming enterprise specify*: _____
- modified an existing farming enterprise specify*: _____
- added a new practice specify*: _____
- none of the above

** The above are defined as follows:

- New farming enterprise: a new business or revenue stream on the farm. Ex. Produce bees in addition to their beef enterprise
- Modified an existing farming enterprise: Ex. Retaining a calves to feed out, process, and market as local beef
- New farming practice: Ex. Starting cover crops on a farm

9 a. Do you keep production records for your farming enterprises? (i.e. DHIA records, Farm Business Analysis, calving records, crop yields, etc.)

- YES NO

b. Are you currently utilizing recordkeeping software for your farming operation?

- YES NO

10. Have you obtained a Premises Identification Number (PIN) with the Kentucky Department of Agriculture Office of the State Veterinarian?

- YES NO If yes, list the number*: _____

For additional information, contact statevet@ky.gov or visit www.kyagr.com/statevet

11. Do you have a marketing plan for your operation?

- YES, not written YES, written YES, written with help of professional
 NO

12. Did you soil test within the last 24 months?

- YES NO

13. Have you updated your Ag Water Quality Plan?

- YES, within 3 years YES, 4-5 years ago YES, 6+ years ago

Administrator may request verification of updated plan.

For questions concerning the AWQA, visit eec.ky.gov/agwater or contact your Henry County Conservation District Office at (502) 845-3052.

14. a. Are you a member of a county, statewide, or national agricultural organization (e.g. cattlemen, grain growers, farm bureau, organic association, etc.)?

YES NO

If yes, please name the organization(s)*: _____

b. Are you in a leadership role? YES or NO (Please circle)

15. Are you currently subscribed to an Extension Newsletter? *Includes newsletters from Extension Specialists*

YES NO If yes, list the county/newsletter(s)*: _____

16. Did you attend a financial, leadership, or marketing-based education session within the last 12 months?

YES NO If yes, please list*: _____

17. Are you currently a Kentucky Proud member?

YES NO If yes, enter Member Number*: _____

Farm Name as Registered*: _____

For additional information or to check membership visit <http://www.kyproud.com/member/register/index/>

18. Have you sold ag-related products at a farmers market in the past 24 months?

YES NO If yes, name of market(s)*: _____

19. Have you hosted an on-farm demonstration, field day or informational workshop within the last 24 months?

YES NO

If yes, what type*: _____ Date of event*: _____

20. Did you attend a CAIP Producer Information meeting** for the current program year?

YES NO

If yes, date of event*: _____

****This is not your education component, only a meeting on the CAIP program itself.**

Total Points Possible 133

Acknowledgement

The County Administrative Entity reserves the right to request or require sufficient documentation to verify the responses to each of the questions on this application. Inability or refusal to provide documentation for specific responses will result in zero points being awarded for that question. Confirmation of fraudulent responses shall result in disqualification for participation in this year's CAIP.

You also verify that only one individual in your household is eligible to receive CAIP funds within a given program year. Additionally, if you are a tenant/owner and your owner/tenant is also applying within the same program year, you may not receive funds in the same Investment Areas and must not use the same FSN.

You also certify that you are only eligible to receive funds in one of the following per program year; CAIP, Next Generation Beginning Farmer or Youth Agricultural Incentives Program.

Funded participants shall adhere to all local, state, and federal rules and regulations.

By signing this, you acknowledge that you have read the above disclaimer as well as reviewed the *Producer Guidelines & Responsibilities* and that you accept and agree to be bound by the terms thereof.

Signature _____

Date _____

Please detach the *Producer Guidelines & Responsibilities* section of this application and keep for your records.

*Producers approved for funding must submit the **Producer Report & Certification** prior to receiving cost-share reimbursement. Visit www.kyaqr.com/agpolicy to download a copy, or contact your program administrator.*

For county specific program questions, please contact your local Program Administrator.

For disputes, feedback, or questions not resolved locally, please contact:

Kentucky Office of Agricultural Policy
502-573-0282
KOAP@ky.gov

VI. Producer Guidelines & Responsibilities

Funded participants shall adhere to all local, state, and federal rules and regulations.

Any application that does not meet eligibility requirements will not be scored.

The County Administrative Entity and/or the County Program Administrator reserves the right to request or require additional documentation to verify information provided in producer's application.

Confirmation of fraudulent responses shall result in disqualification for participation in this year's CAIP.

*Applicants are only eligible to receive funds in **one** of the following programs per program year: **CAIP, Next Generation Beginning Farmer, Youth Agricultural Incentives Program***

A. Eligibility Requirements

Only one application per household will be considered for funding. A household for the purpose of this program is defined as follows:

1. HOUSEHOLD

- a. Only **one** individual per household, regardless of county, is eligible to **apply for** CAIP funds within a program year. Proof of residency is required to verify that multiple individuals within the same household are not applying.
- b. **Additionally**, all applicants must be a resident of Kentucky.
- c. Residency is determined by a valid Kentucky driver's license or photo ID and one utility bill. The address on both the ID and utility bill must match the address provided on the CAIP application. A copy of both shall be submitted and placed in the file with the application.

2. TENANT/OWNER

If applying as a tenant/landowner, then the following also apply:

- a. Tenant farmers are required to obtain written permission from the landowner to use the landowner's FSN on a CAIP application. Written permission must be submitted with the application to be eligible. The tenant farmer must submit either an FSA-578 form **or** a redacted copy of the tenant's schedule F **and** written approval from the landowner, giving permission to use the owner's FSN and granting access to the cost-share item(s) for a minimum of five (5) years.
- b. **Additionally**, the tenant farmer must submit the "Tenant/Owner Acknowledgement Form" prior to approval.
- c. **Limitations** for Tenant/Owners that both apply for CAIP:
 - i. A tenant farmer and a landowner are both eligible to apply with separate FSNs; however, both may not receive funds within the same Investment Area.
 - ii. In the event a tenant secures written permission from the landowner and both apply for CAIP, the tenant farmer and landowner are prohibited from applying for funds **within the same Investment Area** in the same program year.

3. PRODUCER DEFINITION

- a. A producer is defined by use of **Social Security Number (SSN) and Farm Serial Number (FSN)**. **Both shall be provided when applying.** Once the Social Security Number (SSN) or Farm Serial Number (FSN) is used, neither are eligible to be used again once the annual limit is reached.

[Example: SSN – 123-45-6789 combined with FSN – 4567, would discontinue the eligibility of both the SSN and FSN.]

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- b. Producers who intend to take part in the program shall supply a Social Security Number (SSN) and Farm Serial Number (FSN) to receive payment. Both of these numbers must be supplied to the Kentucky Agricultural Development Board.

The Kentucky Agricultural Development Board recognizes every applicant's right to privacy and understands its obligation to keep applicant/producer information confidential. Any information provided to the Kentucky Agricultural Development Board or Program Administrator on individual producer applications for CAIP, such as the applicant's Social Security Number and Farm Serial Number, will be kept confidential by authority of the Kentucky Agricultural Development Board as granted in KRS 248.701 to 248.727 and by KRS 61.878. The Kentucky Agricultural Development Board does not disclose any nonpublic personal information regarding applicants/producers, past or present, except as permitted or required by the Kentucky Open Records Act, KRS 61.870 to 61.884 or other law(s).

- c. Producers must be 18 years of age or older at the time of application to apply for CAIP funds.
 - d. Counties may choose to limit eligible producers to receive funding every other year. If a county has adopted this policy, it will be printed in bold on the front page of the county's Universal Producer Application.
- 4. Applicants shall have completed a Kentucky Agriculture Water Quality Act (AWQA) Plan with either the complete plan or a self-certification form the farm for which CAIP funding is requested and provide verification or documentation with application.
 - 5. Applicants may submit a **voluntary** third-party information request form for the Farm Service Agency (FSA) with their application to allow the program administrator to request information directly from FSA, with the producer's permission.

6. EXCLUSIONS

The following individuals are ineligible to apply for CAIP funding:

- a. Members of the Scoring Committee (see II.A.2.) and their households.
- b. **Beginning in 2020**, the program administrator (*individual(s) managing the program*) **and** members of his/her household will be ineligible to apply for CAIP.

B. Cost-Share Reimbursement

Investment Area Information is Available at www.kyagr.com/agpolicy.

- 1. Funds disbursed to producers shall be on a reimbursement basis, **upon completion of the project**.
- 2. CAIP funds received shall be used for improvements on the land assigned to the Farm Serial Number (FSN) provided on the producer's application, independent of the county in which the FSN is registered.
- 3. A producer is eligible for up to the county's maximum cost-share per producer limit not to exceed \$5,000. Producers shall not receive more than \$5,000 statewide per producer per program year (program year is defined by the year the application is approved by the Kentucky Agricultural Development Board).
- 4. In the event that it is determined that a producer has received more than \$5,000 in a program year, then the producer will be asked to return the amount over \$5,000 to the last county that reimbursed the producer.

If the producer fails to reimburse the amount over \$5,000, then the producer is ineligible to receive further CAIP funding (statewide) until repayment is made.

- 5. The producer shall supply a dated receipt indicating buyer and seller information, along with a description of the item(s) purchased in order to be eligible for payment. **Payment shall only be made for eligible cost-share items.**

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6. **NO CASH PURCHASES** are allowed for reimbursement.
7. **Beginning in 2020**, producers shall submit proof of payment before reimbursement funds are received – either a cancelled check, copy of relevant credit/debit card statement, financing paperwork, or other method of payment, excluding cash.
8. Approved producers shall submit the *Producer Report & Certification* form completing the sections for the program/investments being cost-shared, **before** reimbursement funds are received.
9. **Deadlines:** Should the producer fail to use approved funds by the program administrator's reimbursement deadline, said funds shall be reallocated to the next eligible applicant time permitting.

C. Exclusions

1. Reimbursements for purchases, including labor, from the producer's immediate family (e.g. father/mother, son/daughter, brother/sister, aunt/uncle, niece/nephew), including in-laws and step family, are not eligible.
2. Cost-share shall not be provided for items traded or sold between producers who share interest in a farm operation. This includes the use of a third party to buy/sell the same items amongst the producers.
3. Documented hired labor is an eligible cost-share item; however, reimbursement will not be awarded for labor provided by the producer and/or the producer's immediate family (e.g. father/mother, son/daughter, brother/sister, aunt/uncle, niece/nephew), including in-laws and step family.
4. **Beginning in 2010**, all transport equipment was removed as eligible cost-share items from all investment areas. This exclusion includes trailers, wagons, and carts with the primary function of transportation.
5. **Beginning in 2012**, all fertilizer, pesticide, herbicide, and soil amendments were removed as eligible cost-share items from all investment areas.

D. Educational Requirement

1. Participation in CAIP requires the applicant to complete a minimum of one (1) educational component prior to the disbursement of funds related to farm management, production, best management practices or marketing. Eligible sessions include extension-sanctioned activities, such as workshops, seminars, field days, on-line courses, webinars, etc.
 - a. Documentation of attendance is required, and the session must not have been submitted to meet the CAIP education requirement for a prior year.
 - b. A county extension agent must approve all educational components by signing an individual producer's "Certification for Educational Requirement" form.
In special circumstances, Agents may use discretion on who completes the educational requirement with prior notification to KOAP.
 - c. Cost-share payments shall not be issued to producers before the educational requirement has been met. *The educational component may be attained any time prior to disbursement of funds, but no more than 6-months prior to the execution of the Legal Agreement.*
2. **Educational Videos:** The following Investment Areas have an optional educational video component. The videos may fulfill the educational requirement referenced in D.1. above, with county extension agent approval.
 - a. Large Animal – "Cattle Genetics"
 - b. Farm Infrastructure – "Commodity Storage & Livestock Handling"

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- c. Fencing & On-Farm Water – “Installation & Regulations”
- d. Forage & Grain Improvement – “Farm Practices & Recommendations”
- e. AgTech & Leadership Development – “Farm Safety”

All educational videos are available through the County Cooperative Extension Service.

- 3. **Exclusion:** Attendance at an informational meeting to review updated guideline changes and discuss the producer application does not satisfy this requirement.

E. Capital Improvements – Equipment, Fencing, Farm Structures

- 1. CAIP funds received shall be used for improvements in the county in which funds are awarded, regardless of the counties the FSN may span.

If the FSN spans multiple counties, then the producer shall provide verification that all projects are located in the county in which funds are awarded. There are no exceptions to this policy.

- 2. Producers shall maintain ownership of the property for five (5) years past the participation date in the program.
 - a. Should a producer fail to maintain ownership of property for the entire 5-year period, administrators shall request a return of funds on a pro-rated basis.
 - b. Emergency early release is possible in the case of death, illness, physical inability, or transfers within immediate family and must be approved by the local administrative entity and documentation kept on file for future reference.
 - c. Failure to return funds will result in the producer being ineligible to receive additional Kentucky Agricultural Development Funds until repayment is made.
 - d. Administrators shall provide producers failing to meet the ownership requirement a written notice, giving a minimum of 30 days to repay the pro-rated amount.
- 3. **Producers shall retain adequate insurance coverage**, if applicable, to replace any and all capital improvement/equipment projects funded with Kentucky Agricultural Development Funds. *Proof of insurance may be requested by the program administrator at the time of reimbursement or during a site visit.*
- 4. Prior to approval, tenant farmers or those leasing land where capital construction improvements will be located must provide the Tenant/Owner Acknowledgement Form, an FSA-578, or a redacted copy of their Schedule F and written approval from the landowner, giving permission to use the owner’s FSN and granting access to the cost-share item(s) for a minimum of five (5) years.

INFORMATION & INSTRUCTION FOR MAKING REQUESTS FOR FSA/CCC RECORDS UNDER THE PRIVACY ACT OF 1974

As noted in the [Privacy Act \(5 U.S.C. § 552a \(2018\)\)](#) and the Department's Privacy Act provisions in FSA handbook 3-INFO, an individual United States citizen or Legal Permanent Resident may seek to access, correct, or amend records that are retrieved by name or other personal identifier, such as one's farm number or other information provided to FSA and stored in our systems-of-records. In addition to the Privacy Act, such requests will be processed in accordance with the FOIA (5 U.S.C. § 552 (2018)), and applicable legal requirements and exemptions under the governing regulations (e.g., 28 C.F.R. §16.40 and 28 C.F.R. § 16.77), as appropriate.

Your request must be in writing and must be signed. Requests should be submitted to the FSA USDA Service Center that is the primary holder of your records in person, by email, or by mail. Contact information for your Service Center may be found on the farmers.gov website. Alternatively, you may submit your request to the FOIA/Privacy Act Coordinator at the Kentucky State FSA Office by emailing it to angella.watson@usda.gov or mailing it to the following address:

*Kentucky State FSA Office
Attn: Angella Watson, FOIA/PA Coordinator
770 Corporate Drive, Ste 205
Lexington, KY 40503*

Request should include a contact number and email address, if possible, to we may provide information or obtain clarification, if needed. A return address that identifies your street name/number should also be provided, so we may respond via certified mail, if necessary. For further guidance, see below and consult 28 C.F.R. § 16.40, *et seq.* (Subpart D) ("*Protection of Privacy and Access to Individual Records Under the Privacy Act*").

Requests for information contained in a Privacy Act system-of-records must: (1) be accompanied by a consent form or verification of identity (see below) attesting that you are the record subject (or his/her legal guardian) or that you have the record subject's consent; (2) clearly identify the particular record(s) at issue; and (3) indicate the precise nature of any amendment, correction, or other action sought, and the reason or justification for such action. In identifying the record(s) at issue, please describe them in sufficient detail to enable staff to conduct a search for the requested records with a reasonable amount of effort (i.e., bankruptcy case files, personnel records, etc.). Likewise — to minimize billable search and related fees— please specify which region or office you are inquiring about. A request for access to records about yourself must contain a verification of identity consisting, at a minimum, of your full name and your current address. To facilitate the identification and retrieval of requested records, requests should also contain the last four digits of your social security number (SSN) and/or alien or employee identification number. All requests must be signed and dated. If the requestor is the authorized signatory for the grantor, said authorization must already be on file with FSA or must be provided with the written request.

If you seek information regarding third parties or wishing to allow a third-party access to your records, the written request must contain "either a written authorization signed by that individual permitting disclosure of those records to you or proof that that individual is deceased (for example . . . a death certificate or an obituary) will help the processing of your request."

The attached Identity and Release form may be used in lieu of a written request, but is not required to be used, to obtain access to records covered by the provisions in the Privacy Act of 1974 or the Freedom of Information Act. Instructions for the completing the form are included with the form.

Privacy Act requests are subject to duplication, search, and/or review fees to the extent authorized by 28 C.F.R. § 16.49 ("*Fees*"); *see also* 28 C.F.R. § 16.10. Unless otherwise specified, your request for records under the Privacy Act constitutes your agreement to pay all applicable fees up to \$25. Most requests do not generate any fees and requesters will be notified beforehand if it appears that fees will be required.

Certification of Identity and Request for Release of FSA Records Form Instructions

Complete the *Certification of Identity and Request for Release of FSA Records* form according to the following table:

Item	Instructions
1)	Provide the full of name of the Grantor – the individual who is granting discloser of his/her records. Print the full legal name of the person to whom the records belong. Additionally, for identity verification purposes, provide: <ul style="list-style-type: none"> • The last four digits of the grantor’s TIN (tax identification number), • The current mailing address of the grantor, • An email address for contact purposes, and • A valid phone number where the requestor can be reached if additional information/clarification is needed.
2)	Designated what specific current year records are being requested. If “other” is marked, be as specific as possible as to what information/records are sought. <ul style="list-style-type: none"> • If possible, indicate the farm number(s) relevant to the request. • Indicate the county/counties where the farm/records are located. <i>If prior year(s) records are needed, please indicate that in “other.”</i>
3)	Indicate how the requested records should be provided by marking one of the four choices. <i>NOTE: if the information is intended to be released to someone other than the grantor or his/her duly authorized representative, the included “Authorization to Release Information to a Third Party” must also be completed.</i>
4)	All written requests for records must be signed and dated by the requestor before action can be taken by FSA.

The *Authorization to Release Information to a Third Party* should be completed, as needed, to both authorize the release and to facilitate that release of information. The name of the individual or agency to whom authorization is provided must be complete. At minimum, the agency’s email address and contact number should also be provided.

CAIP Program Certification of Identity and Request for Release of FSA Records

Privacy Act Statement. In accordance with 28 CFR Section 166.41 (d) personal data sufficient to identify the individuals submitting request by mail (or not in person) under the Privacy act of 1974, §U.S.C. Section 552a, is required. The purpose of this solicitation is to ensure that the records of individuals who are the subject of United States Department of Agriculture (USDA) systems of records are not wrongfully disclosed by the Department. Failure to furnish this information will result in no action being taken on the request. False information on this form may subject the requester to criminal penalties under 18 U.S.C. Section 1001 and or 5 U.S.C. Section 552a(i)(3).

1) Full Name of Individual of whom the applicable record(s) pertain, who is the grantor of the consent to disclose records, with contact information (please print):

Grantor's Name: _____

Last four digits of Grantor's TIN (SSN/EIN): _____

Current Address: _____

Email Address: _____

Contact Number: _____

2) Current Year FSA/CCC (Commodity Credit Corporation) Documents Requested: (Please check all applicable boxes)

- Farm data contained on the FSA-156EZ FSA-578 producer print
- Producer Subsidiary Print with Business File Information Applicable CLU data/Aerial Photo
- Other FSA program document or producer/farm information as specified below:

Applicable to: All My Farms OR specific farm number(s) _____

Located in County(ies): _____

3) Copies of the requested records should be provided (choose one):

- in person to me by secured electronic means via the email address above
- by mail at the address provided to an authorized **third-party** (only if the third-party release section below is completed)

4) Certification and Consent:

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of 18 U.S.C. 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5000.

Signature _____

Date _____

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Suggestions for reducing this burden may be submitted to the Office of Information and Regulatory Affairs, Office of Management and Budget, Public Use Reports Project (1103-0016), Washington, DC 20503

Authorization to Release Information to a Third Party

This section is to be completed by the individual (grantor) who is authorizing Farm Service Agency (FSA) information related to himself or herself to be released to a Third Party, pursuant to 5 U.S.C. 552a(b).

I authorize the USDA, FSA to release information related to me, as specified on page 1 above, to:

Name/Agency: _____

Current Address: _____

Email Address: _____

Contact Number: _____

This information released is authorized for the current program year unless otherwise indicated for the purpose of completing my CAIP application only. I understand the information may be released to the person/agency indicated above one time only via whatever secured method is convenient for both FSA and the person/agency to whom I am granting this release.

I **do** OR **do not** want a copy of the information that is provided to the recipient with this disclosure.

Signature _____

Date _____