



GAP/GHP COST-SHARE PROGRAM

Administered by the Pennsylvania Department of Agriculture
2301 North Cameron Street
Harrisburg, Pennsylvania 17110-9408

Any business or individual located in Pennsylvania that successfully completed one Good Agricultural Practices (GAP), one Good Handling Practices (GHP), or one Mushroom Specific GAP (MGAP) audit is eligible to apply for cost-share reimbursement. To qualify for reimbursement for 2013, applicants must have successfully completed a USDA approved audit on or between **January 1, 2013** and **December 31, 2013**. All applications must be received by January 31, 2014. Qualified applicants may receive up to a maximum of \$400 per year to cover the costs of a single USDA approved initial GAP, GHP or MGAP audit.

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK - APPLICATION INSTRUCTION ON REVERSE SIDE

1. Business Name: _____

2. Payee(s)'s EIN#

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If you do not have business EIN #, you must provide the social security number of the payee.

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3. To Payee: Are you responsible for the payment of the incurred audit fees? YES NO
(If "NO," explain on back of application)

4. Contact Information:

Business Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

5. GAP/GHP Audit Information

You may only request reimbursement for one GAP/GHP/MGAP audit per calendar year.

Date of Audit Approval: _____

Name of Auditor: _____

Total Cost of Audit: \$_____ (NOTE: Please attach verification of your payment)

I hereby apply to the Pennsylvania Department of Agriculture for reimbursement fees under the Good Agricultural Practices/Good Handling Practices Cost-Share Program. I verify that the information I provided on this application is true and correct. False statements are subject to penalties for unsworn falsifications to authorities (18 Pa. C.S.A. Section 4904).

Authorized Signature: _____ Date: _____

Title: _____

*Return completed applications to:
Pennsylvania Department of Agriculture
Attn: Jared Grissinger
2301 N. Cameron Street
Harrisburg, PA 17110



**Applications due by
January 31, 2014**

INSTRUCTIONS

1. **Name of business (or individual) completing this application**
2. **Business EIN #** which should match the business name located in item 1. If you do not have an EIN #, you may provide the payee's social security number instead.
3. (1) Check yes or no in answer to the supplied question. If you answered **NO** please explain below.

4. **Business contact information.** This is where any and all correspondence as well as the reimbursement check will be mailed.
5. **Information on the GAP/GHP/MGAP audit which you are requesting reimbursement for.**
 - (1) Date as it appears on your passed initial audit. This date must be on or between January 1, 2013 and December 31, 2013.
 - (2) Name of the person which conducted the audit at your farm/facility
 - (3) Final cost of your GAP/GHP/MGAP audit. PLEASE ATTACH VERIFICATION OF YOUR PAYMENT (ex. copy of your check/invoice)
6. **Signature of an authorized representative** of the business

* Applications must be received by **January 31, 2014** to receive funds from the 2013 GAP/GHP/MGAP Cost-share Program. If you have any questions, or need additional information, please contact Jared Grissinger. Additional applications may also be printed out from our website – www.agriculture.state.pa.us

Contact Information:

Jared Grissinger
Pennsylvania Department of Agriculture
2301 North Cameron Street
Harrisburg, PA 17110

Ph: 717-705-9513
Fax: 717-787-5643

Email: jgrissinge@pa.gov