

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, 2015 and December 31, 2015.
 - (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, 2016** to receive funds from the 2015 GAP/GHP/MGAP Cost-share Program. If you have any questions, or need additional information, please contact Kyle Heffner. Additional applications may also be printed out from our website – www.keepPAgrowing.com.

Contact Information:

Kyle Heffner
Pennsylvania Department of Agriculture
2301 North Cameron Street
Harrisburg, PA 17110

Ph: 717-836-3973
Fax: 717-787-5643

Email: kyheffner@pa.gov