



pennsylvania

DEPARTMENT OF AGRICULTURE

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 2019, applicants must have successfully completed a USDA approved audit on or between **January 1, 2019** and **December 31, 2019**. All applications must be received by January 31, 2020. Qualified applicants may receive up to a maximum of \$500 per year to cover the costs of a single USDA approved initial GAP, GHP or MGAP audit, while funds are available.

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

1. **Business Name:** _____

2. **Payee(s)'s EIN#**

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If you do not have a 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: \$ _____ **PLEASE ATTACH PROOF OF PAYMENT**

Was Audit Part of a Group Audit: YES NO

If "YES" Please Provide Name of Group: _____

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: Jordan Stasyszyn
2301 N. Cameron Street
Harrisburg, PA 17110*



**Applications due by
January 31, 2020**

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, 2019 and December 31, 2019.**
 - (2) Name of the person who 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).
 - (4) **Please indicate whether your audit was part of a Group GAP/GHP Audit**
If "YES" Please Provide the Following:
Name of Contact or Group: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

6. **Signature of an authorized representative** of the business

* Applications must be received by **January 31, 2020** to receive funds from the **2019 GAP/GHP/MGAP Cost-share Program**. If you have any questions, or need additional information, please contact Jordan Stasyszyn. Additional applications may also be printed out from our website – www.keepPAgrowing.com.

Contact Information:

Jordan Stasyszyn
Pennsylvania Department of Agriculture
2301 North Cameron Street
Harrisburg, PA 17110

Ph: 717-787-6901
Fax: 717-787-5643

Email: jstasyszyn@pa.gov