



## 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, 2022 and September 30, 2022.**
  - (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 along with the Statement for Audit Services Rendered-GAP-GHP-MGAP Audit).
  - (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 **October 1, 2022**, to receive funds from the **2022 GAP/GHP/MGAP Cost-share Program**. If you have any questions, or need additional information, please contact Michele Brookins. Additional applications may also be printed out from our website: <https://agriculture.pa.gov/agbiz>.

### Contact Information:

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