California Department of Food and Agriculture
Inspection & Compliance – Specialty Crop Cost Share Program

To be eligible for reimbursement the applicant must submit a receipt or invoice for the specified services below between October 1, 2012 and July 31, 2013. The amount of reimbursement is a maximum of $200 per applicant. NOTE: You must attach a copy of your receipt or invoice to your application. This application must be signed with an original signature.

PRODUCT HANDLER IDENTIFICATION

1. Name (First, Middle Initial, and Last)  2. Business Name

3. Address


8. Primary Phone Number  9. Primary Language Spoken at Home
   [ ] English  [ ] Spanish  [ ] Hmong  [ ] Other

10. Alternate Phone Number  11. Email Address

12. Food Safety Plan Prior to October 1, 2012
   [ ] Yes  [ ] No

SERVICES FOR REIMBURSEMENT

13. [ ] GAP or Good Handling Practices (GHP) Audit
    Farm or Packinghouse (First Time)

   [ ] Soil Test  [ ] Water Test  [ ] Informational Audit Assessment

   [ ] Food Safety Training

14. Applicant Certification:
I certify that I am a California handler/producer of specialty crops with total annual sales under $250,000. I understand that California Department of Food and Agriculture will reimburse for GAP/GHP audit(s), food safety training, informational assessments, soil and water testing, up to $200 of the cost, and I will be responsible for any balance due above $200.

Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.

Signature of Applicant ___________________________ Date __/__/____

15. Mail Application and Supporting Documents
To:
California Department of Food and Agriculture
Inspection & Compliance
Cost Share Reimbursement
Attn: Vonya Fetters
400 W. Tulare St., Suite A
Dinuba, CA 93618

For Official Use Only
Application Number

Reimbursable Costs From Invoice

Approved By ___________________________ Date __/__/____