



**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.**

**PRODUCER/HANDLER IDENTIFICATION**

|   |   |   |             |  |
|---|---|---|-------------|--|
| 1. Name (First, Middle Initial, and Last) |   | 2. Business Name  |             |  |
| 3. Address                                |   |   |             |  |
| 4. City                                   | 5. County   | 6. State  | 7. Zip Code |  |
| 8. Primary Phone Number                   | 9. Primary Language Spoken at Home<br><input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Other _____ |   |             |  |
| 10. Alternate Phone Number                | 11. Email Address   | 12. Food Safety Plan Prior to October 1, 2012<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             |  |

**SERVICES FOR REIMBURSEMENT**

|  |                                     |   |  |  |
|--|-------------------------------------|---|--|--|
| 13. <input type="checkbox"/> GAP or Good Handling Practices (GHP) Audit<br>Farm or Packinghouse (First Time) |                                     | <input type="checkbox"/> Food Safety Training           |  |  |
| <input type="checkbox"/> Soil Test   | <input type="checkbox"/> Water Test | <input type="checkbox"/> Informational Audit Assessment |  |  |

**SIGNATURE**

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

|   |                              |                                 |
|---|------------------------------|---------------------------------|
| <b>15. Mail Application and Supporting Documents</b><br><b>To:</b><br>California Department of Food and Agriculture<br>Inspection & Compliance<br>Cost Share Reimbursement<br>Attn: Vonya Fetters<br>400 W. Tulare St., Suite A<br>Dinuba, CA 93618 | <b>For Official Use Only</b> |                                 |
|   | Application Number           | Reimbursable Costs From Invoice |
|   | Approved By                  | Date                            |