

**NYS Good Agricultural Practices (GAP)
Certification Assistance Program
New York State Department of Agriculture and Markets
Division of Food Safety and Inspection
(Farm Products Unit)**

APPLICATION INSTRUCTIONS

- The Good Agricultural Practices (GAP) Certification Assistance Program is a cost-share/reimbursement program designed to assist the New York State's specialty crop industry with the cost of a GAP food safety audit.
- Funding for this program is provided by United States Department of Agriculture (USDA) Specialty Crop Block Grant Program.
- The New York State Department of Agriculture and Markets (NYS AGM) will reimburse up to \$2,000 to first time applicants and up to \$1,000 to applicants after the first time, of the cost of having NYS AGM/USDA, or a qualified private auditing company, conduct third party audit(s), including water tests, food safety trainings and consultancy to prepare food safety plan.
- Participating growers/packers/handlers will be responsible for paying any balance due above the reimbursement amounts allowed.
- Applicants seeking reimbursements for a non-USDA audit performed by a private company will be required to provide documentation showing that the audit was passed and paid.
- Requests for non-USDA audits performed by a private company are subject to the approval of NYS AGM Division of Food Safety and Inspection.
- Applicant must provide required documentation and/or receipts to be eligible for reimbursement.
- Applications must be approved by NY State Department of Agriculture and Markets.
- Funds are available on a **first-come, first-served basis** until the funds are depleted or expiration of grant.



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APPLICATION FORM

Applying for Reimbursement for (check):

- Audit
- Water Test
- Food Safety Training
- Consultancy to prepare food safety plan

To be completed by the establishment audited / to be audited / seeking reimbursement:

Date: _____

Name of Applicant: _____

Type of Operation (check all that apply): grower packer handler

Establishment Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County _____

Phone: _____ Fax: _____ E-mail: _____

GAP audit(s), water test(s), food safety training and consultancy performed / will be performed by:

NYS AGM/USDA

OR

For audits performed either by NYS AGM/USDA or by qualified private companies, applicants are responsible for payment in full. NYS AGM will then reimburse applicants up to \$2,000 to 1st time applicants and up to \$1,000 to applicants after the 1st time, pending approval by NYS AGM.

Private Company

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of contact person: _____

Phone: _____ Email: _____

Applicant Certification:

*I certify that I am a New York State fruit and/or vegetable grower/packer/handler.
 I understand that New York State will provide funding for GAP audit(s), water tests, food safety training and consultancy to prepare food safety plan for up to \$2,000 of the cost to 1st time applicants and up to \$1,000 of the cost to applicants after the 1st time on first-come first-serve basis, until the funds are depleted or expiration of grant.*

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR PAYMENT

Establishment Name: _____

REIMBURSEMENT/COST SHARE CALCULATION:

\$_____ Total cost of audit(s), water tests, food safety training & consultancy.

**Paid receipts must accompany this application.

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| Name the check should be made out to: _____ Federal ID or Social Security # (Required to receive payment) _____ |
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Signature of NYS AGM Official: _____ Date _____

Mail / Fax / Email to: New York State Department of Agriculture & Markets
 Division of Food Safety & Inspection (Farm Products Unit)
 GAP Certification Assistance Program
 10B Airline Drive
 Albany, New York 12235
 FAX: 518-485-8986
 Email: nysgapinfo@agriculture.ny.gov

Questions? Call 518-457-2090 or 800-554-4501

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|---|-----------------------------------|--|
| | <u>For Office Use Only</u> | |
| Food Safety Div. _____ Date _____ | | Fiscal Div. _____ Voucher# _____ Date Paid _____ |
| Reimbursement Amt.\$ _____ | | |

