

NYS Good Agricultural Practices/Good Handling Practices Certification Assistance Program

New York State Department of Agriculture and Markets
Division of Food Safety and Inspection

2011 APPLICATION INSTRUCTIONS

- The Good Agricultural Practices (GAP)/Good Handling Practices (GHP) 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/GHP 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 (NYSDAM) will reimburse **up to \$750** of the cost of having NYSDAM/USDA, or a qualified private auditing company, conduct third party audit(s), including water tests, to verify an establishment's food safety program.
- Funding is limited to \$750 per establishment for audits and/or water test(s) conducted in 2011. Participating growers/packers/handlers will be responsible for paying any balance due above \$750.
- Applicants seeking reimbursements for a non-USDA audit performed by a private company in 2011 will be required to provide a signed certification from their buyer (e.g. retail chain) stating that the buyer required or is requiring the audit. Applicants will also be required to provide documentation showing the audit was paid.
- Requests for non-USDA audits performed by a private company are subject to the approval of NYSDAM Division of Food Safety and Inspection.
- Applications for audits in 2011 must be approved by NYSDAM **prior to** receiving the GAP/GHP audit and/or water test(s) in order to participate in this program.
- Applicants will be contacted by the Division of Food Safety & Inspection within two weeks of receipt of the GAP/GHP Application Form.
- Funds are available on a **first-come, first-serve basis** until the funds are depleted or December 31, 2011.
- Applicants previously reimbursed for audits conducted in 2008, 2009 or 2010 are **not eligible in 2011**.

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2011 APPLICATION FORM

To be completed by the establishment being audited:

Date: _____

Name of Applicant: _____

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

Establishment Name: _____

Address: _____

City: _____ State: _____ ZIP: _____ County _____

Phone: _____ Fax: _____ E-mail: _____

GAP/GHP audit(s) and/or water test(s) will be performed by:

NYSDAM/USDA

OR

For audits performed either by NYSDAM/USDA or by qualified private companies, applicants are responsible for payment in full. NYSDAM will then reimburse applicants up to \$750, pending prior approval by NYSDAM

Private Company*

Name of company: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of contact person: _____

Phone: _____ Email: _____

Buyer Certification (For private audits only, not required for NYSDAM/USDA audits):

*I certify that my company is requiring a GAP/GHP food safety audit in 2011 by _____
for purchase of New York State farm products provided by the applicant. (Name of audit company)*

Signature of buyer: _____ Date: _____

* **Note:** Requests for non-USDA audits performed by a private company are subject to the approval of NYSDAM Division of Food Safety and Inspection.

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Establishment (Applicant) Name: _____

Request for third party GAP/GHP audit to be conducted for the following areas:

- | | |
|---|--|
| <input type="checkbox"/> Farm Review | <input type="checkbox"/> Field Harvest and Field Packing |
| <input type="checkbox"/> Packing House Facility | <input type="checkbox"/> Storage and Transportation |
| <input type="checkbox"/> Traceback | <input type="checkbox"/> Wholesale Distribution Center/Terminal Warehouses |
| <input type="checkbox"/> Water Test(s) | |

Crop(s) to be included in the audit: _____

Applicant Certification:

I certify that I am a New York State fruit and/or vegetable grower/packer/handler. I plan to have my establishment audited for GAP/GHP in 2011. I understand that New York State will provide funding for GAP/GHP audit(s), including water tests, up to \$750 of the cost of the audit(s) and water test(s), and I will be responsible for any balance due above \$750.

Signature of Applicant: _____ Date: _____

Mail or Fax to: New York State Department of Agriculture & Markets
Division of Food Safety & Inspection
GAP/GHP Certification Assistance Program
10B Airline Drive
Albany, New York 12235
FAX: 518.485.8986

What's next? You will be contacted by the Division of Food Safety and Inspection within 2 weeks of receipt of this application.

Questions? Call 518.457.2090 or 800.554.4501

Funds are available on a first-come, first-serve basis until the funds are depleted or December 31, 2011