

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

2016 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** \$1000 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 \$1000 per establishment for audits and/or water test(s) conducted in 2016. Participating growers/packers/handlers will be responsible for paying any balance due above \$1000.
- Applicants seeking reimbursements for a non-USDA audit performed by a private company in 2016 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 2016 must be approved by NY State Department of Agriculture and Markets.
- 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, 2016.
- Reimbursement is available for two times (for two audits), applicants who have received the reimbursement one time before are also eligible for second time reimbursement.

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2016 APPLICATION FORM

To be completed by the establishment audited / to be 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) performed / 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 \$1000, 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 2016 by _____
(Name of audit company)
for purchase of New York State farm products provided by the applicant.

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.

Applicant Certification:

I certify that I am a New York State fruit and/or vegetable grower/packer/handler. My establishment has been / will be audited for GAP/GHP in 2016. I understand that New York State will provide funding for GAP/GHP audit(s), including water tests, up to \$1000 of the cost of the audit(s) and water test(s) on first-come first-serve basis, until the funds are depleted or December 31, 2016 and I will be responsible for any balance due above \$1000.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR PAYMENT

Establishment (Applicant) Name: _____

REIMBURSEMENT/COST SHARE CALCULATION:

\$ _____ Total cost of audit(s) and water test

**For private audits paid receipts must accompany this application.

Name the check should be made out to: _____

Federal ID or Social Security # (Required to receive payment) _____

Signature of NYSDAM Official (For Private audits only): _____ Date _____

Mail / Fax / Email to: New York State Department of Agriculture & Markets
Division of Food Safety & Inspection (Farm Products Unit)
GAP & GHP 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

For Office Use Only

Food Safety Div.

Fiscal Div.

_____ Date _____

Voucher# _____ Date Paid _____

Reimbursement Amt.\$ _____