

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)

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). 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 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 NYSDAM Division of Food Safety and Inspection.
- Applications must be approved by NY State Department of Agriculture and Markets.
- Funds are available on a **first-come, first-serve basis** until the funds are depleted or expiration of grant.
- Reimbursement is available for two times (for two audits), applicants who have received the reimbursement one time before are eligible for reimbursement for second time. Applicants who have received the reimbursement twice before are not eligible to receive reimbursement.

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APPLICATION FORM

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

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/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: _____

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 this year. I understand that New York State will provide funding for GAP/GHP audit(s), including water tests, up to \$1,000 of the cost of the audit(s) and water test(s) on first-come first-serve basis, until the funds are depleted or expiration of grant and I will be responsible for any balance due above \$1000.

Signature of Applicant: _____ 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.

AUTHORIZATION FOR PAYMENT

Establishment 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

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