



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

TELEPHONE: (302) 698-4545
TOLL FREE: (800) 282-8685
FAX: (302) 697-4735

Food Safety Audit and Water Testing Cost-Share Program Application Administered by the Delaware Department of Agriculture

To be eligible for reimbursement the applicant *must submit all paperwork to the Delaware Department of Agriculture between October 1, 2018 and July 31, 2021*. The Delaware Department of Agriculture, Food Products Inspection Section, will pay 80% of the cost of a Delaware Department of Agriculture Authorized USDA AMS or commercial third party food safety audit with a maximum reimbursement of \$1,000 per year, per farm AND 80% of the cost of water testing up to \$500 per year, per farm only once that farm has successfully passed a USDA AMS or commercial food safety audit; until funding source is depleted.

Part 1: General Information

Name of Payee		
Contact Person or Business Name (if different than payee)		
Name of Farm		
Mailing Address		
City	State	Zip Code
Primary Telephone Number		
Email Address		
Social Security or Tax Identification Number for Payee		
Location Address, If Different From Mailing Address		
City	State	Zip Code

Part 2: Food Safety Audit Support

Date of Certification	Certification Number	Total Amount of Fee for Certification \$ _____
Certification Agent/ Agency Address		
City	State	Zip

Part 3: Water Testing Support

Total Amount of Fee for Water Testing: \$ _____
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I am a Delaware fruit and/or vegetable grower/packer. I hereby apply to the Delaware Department of Agriculture for cost-share reimbursement fees under the Cooperative Agreement for the 2018 Specialty Crop Block Grant Program-project "Market Access Assistance to Delaware Growers through Third Party Food Safety Audit and Water Testing Support". I verify that the information I provided on this application is true and correct.

Applicant Signature		Date:	
Mail Application and Supporting Documents to: Delaware Department of Agriculture Food Products Inspection – Cost Share Reimbursement 2320 South DuPont Highway Dover, Delaware 1901 Fax: (302) 697-4735	For Official Use Only		
	Certificate #	Reimbursement From Invoice for Audit:	
	80% = _____	\$ _____	
	Water Receipts? ____ Yes ____ No	Reimbursement from Invoice for Water Test:	
	80% = _____	\$ _____	
	Total Reimbursement: \$ _____		
	W-9 Verified By	Date	
	Approved By		

Have you submitted all the required paperwork?

_____ Food Safety Audit Cost-Share Application

_____ Certificate of Successful Audit Completion

_____ Proof of audit payment (Invoice, copy of check, etc...)

_____ Successfully registered with the State of Delaware as a Vendor (W9)

_____ If requesting reimbursement for water testing, submit copies of all receipts