



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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DOVER, DELAWARE 19901  
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**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. *For 2019, USDA has agreed to defray 100% of the costs associated with Harmonized GAP and Harmonized GAP+ Audits; in Delaware. If USDA has covered 100% of the applicants successful audit, the applicant is still eligible for water testing reimbursement through this cost-share and should proceed to fill out this application.*

**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.*

<b>Applicant Signature</b>		<b>Date:</b>	
<b>Mail Application and Supporting Documents to:</b> Delaware Department of Agriculture Food Products Inspection – Cost Share Reimbursement 2320 South DuPont Highway Dover, Delaware 1901 <b>Fax:</b> (302) 736-9142	<b>For Official Use Only</b>		
	<b>Certificate #</b>	<b>Reimbursement From Invoice for Audit:</b>	
	80% = _____	\$ _____	
	<b>Water Receipts?</b> ____ Yes ____ No	<b>Reimbursement from Invoice for Water Test:</b>	
	80% = _____	\$ _____	
	<b>Total Reimbursement: \$ _____</b>		
	<b>W-9 Verified By</b>	<b>Date</b>	
	<b>Approved By</b>		

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