



DELAWARE DEPARTMENT OF  
**AGRICULTURE**

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

TELEPHONE: (302) 698-4545  
TOLL FREE: (800) 282-8685  
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## **Be Swell and Test the Well to Improve Food Safety in the First State ADMINISTERED BY THE DELAWARE DEPARTMENT OF AGRICULTURE**

This cost-share, reimbursement program is designed to assist Delaware Fruit and Vegetable growers with the cost associated with water testing to be in compliance with the Food Safety Modernization Act (FSMA) Produce Safety Rule. The Produce Safety Rule Title 21 CFR 112 requires water that contacts covered produce during or after harvest activities must have no detectable generic *Escherichia coli* (E. coli) in 100 milliliters of agricultural water.

The Delaware Department of Agriculture, Food Products Inspection Section, upon submittal of all required paperwork, and verification will pay 90% of the cost of water testing, limited to \$500 per year, per farm. *In the event of limited funds, preference will be given on a first-come, first-served basis until funds are depleted.*

To be eligible for assistance, applicants must meet the following requirements:

- Applicant must be registered with the Delaware Department of Agriculture as a farm that grows, packs, harvests, or holds produce in the State of Delaware
  - <https://producesafety.agriculture.delaware.gov/Registration/>
- Applicants must fully complete the necessary application.
- Receipts or invoices must accompany the application showing paid water tests.
- Water must be tested between September 30, 2023 and September 30, 2025
- All paperwork must be submitted to the Delaware Department of Agriculture before **September 30, 2025**, to be eligible for reimbursement.

In addition, the State of Delaware requires all applicants to register in the State of Delaware eSupplier Portal before payments are made. If you have previously been reimbursed through the state, your information is still on file, but be sure to update any information in the new portal, as necessary. This portal can be located at <https://esupplier.erp.delaware.gov/>.

For a map of approved water testing laboratories, please visit:

<https://foodsafetyclearinghouse.org/resources/national-water-quality-testing-labs-map>

If you have questions regarding the cost-share program, please email [DE.Producesafety@delaware.gov](mailto:DE.Producesafety@delaware.gov) or call DDA Food Products Inspection at 302-698-4582.



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## 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 by September 30, 2025**. The Delaware Department of Agriculture, Food Products Inspection Section, will pay 90% of the cost of water testing up to \$500 per year, per farm. All applicants must be registered with the Delaware Department of Agriculture Produce Safety Program as a produce farm operating in the state of Delaware to be approved for reimbursement. Farms must utilize an approved laboratory to test water for Generic E. coli as specified in the Food Safety Modernization Act (FSMA) Produce Safety Rule. Water must be tested between 09/30/2023 and 09/30/2025.

### Part 1: General Information

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

### Water Testing Information

Date of Test(s)	Cost per test \$ _____	Total Amount Spent \$ _____
Please indicate the quantity of each type of water source you sampled.	_____ Well Water Sample(s) _____ Surface Water Samples(s)	
<i><b>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 2023 Specialty Crop Block Grant Program project "Be swell and test the well to improve food safety in the first state". I verify that the information I provided on this application is true and correct.</b></i>		
Applicant Signature	Date:	

<b>Mail Application and Supporting Documents to:</b> Delaware Department of Agriculture Food Products Inspection – Cost Share Reimbursement 2320 South DuPont Highway Dover, Delaware 19901 <b>Fax:</b> (302) 697-4735 <b>Email:</b> <a href="mailto:DE.ProduceSafety@Delaware.gov">DE.ProduceSafety@Delaware.gov</a>	<b>For Official Use Only</b>	
	Water Test Receipts/ invoice? Yes / NO	Total Spent by Applicant \$
	90%	\$
	Is this farm registered with DDA PSR? Yes/ NO	
	W-9 Verified By:	
	Approved By:	
	Approved Date:	

Have you submitted all the required paperwork?

\_\_\_ Cost-Share Application

\_\_\_ Register with DDA Produce Safety as a produce farm

\_\_\_ Receipt/ invoice showing paid water test

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