



South Carolina  
**DEPARTMENT OF AGRICULTURE**  
**PRODUCE SAFETY DEPARTMENT**  
 123 Ballard Court, West Columbia, SC 29172

Hugh E. Weathers, Commissioner

# PRODUCE SAFETY RULE ON-FARM IMPROVEMENT COST SHARE APPLICATION

The South Carolina Department of Agriculture Produce Safety team is proud to announce the On-Farm Improvement Cost Share Program. Through funding from the USDA Specialty Crop Block Grant, farmers can receive reimbursements up to \$2,000 per year, per farm for on-farm food safety improvements.

Our Produce Safety team recognizes that many South Carolina produce farms identify needed improvements but lack the funds to implement changes. This program is designed to assist farms with making these improvements to help them comply with the requirements of the Produce Safety Rule.

Funds will be paid after receiving all required documentation. Funds are available on a first-come first-serve basis, until the funds are depleted.

**The deadline to apply for reimbursement for this cost share is August 1, 2022.**

## FOR REIMBURSEMENT, THE FOLLOWING IS REQUIRED:

- Must be South Carolina Produce Farmer who is covered\* by the Produce Safety Rule. (Coverage will be determined with a member of SCDA Produce Safety Outreach team)
- Complete the Produce Safety Alliance Grower training course
- Sign up for an On-Farm Readiness Review with a cost share evaluation to be conducted. During the evaluation, SCDA will identify top priority supplies to bring them to compliance with the Produce Safety Rule.
- Sign an affidavit with SCDA to ensure the supplies purchased will be used solely for covered activities on covered produce. This affidavit must be notarized.
- Provide paid primary source receipts for all expenditures related to the purchase of supplies approved by SCDA.
- Provide photos of the purchased supplies
- Provide data, information, statistics, and/or testimonials after six months of utilizing purchased supplies to SCDA for the purpose of tracking project success.

Name \_\_\_\_\_

Farm Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### SCDA GRANTS ADMINISTRATION USE ONLY

Approved      Amount to Pay \_\_\_\_\_  
 Not Approved      Authorized By \_\_\_\_\_      Date \_\_\_\_\_

SCEIS Vendor Number \_\_\_\_\_

NOTE: Each company requesting reimbursement must obtain a State of SC Vendor Number. This process is free, and can be completed at [procurement.sc.gov/PS/vendor/PS-vendor-registration.phtm](http://procurement.sc.gov/PS/vendor/PS-vendor-registration.phtm). This step is in lieu of submitting private information, including W9 forms, to the SC Department of Agriculture.

Reimbursement Amount Requested \_\_\_\_\_ Please include receipts or other documentation with this application.

Improvements/Supplies Purchased \_\_\_\_\_

Has someone from your farm completed the Produce Safety Alliance (PSA) Grower Training?

Yes – List names of individuals trained \_\_\_\_\_

No

Date of completed On-Farm Readiness Review with Cost Share Evaluation \_\_\_\_\_

List crops grown, packed, harvested, or held on your farm \_\_\_\_\_

Select Farm Size

Large Farm (\$500K +)

Small Farm (\$250k – \$500k)

Very Small Farm (\$25k – \$250k)

Range of months you harvest crops on your farm \_\_\_\_\_

Please be sure to include the following with your application:

Produce Safety Alliance Grower Training Course Certificate of Completion

Photos of the approved purchases, mailed or emailed to [bhorton@scda.sc.gov](mailto:bhorton@scda.sc.gov)

A completed, notarized affidavit ensuring improvements purchased will be used solely for the handling, holding, and distribution of covered produce

Please initial to give SCDA personnel permission to perform an on-site visit \_\_\_\_\_

## ON-FARM IMPROVEMENT COST SHARE PROGRAM TERMS AND AGREEMENTS

Through my signature below, I acknowledge that I have read and agree to the terms during the application process and throughout my participation in the On-Farm Improvement Cost Share Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**AFFIDAVIT**

STATE OF SOUTH CAROLINA ) AFFIDAVIT  
COUNTY OF \_\_\_\_\_ )

PERSONALLY appeared before me, the undersigned notary public, \_\_\_\_\_, who, first being duly sworn, deposes and states under penalty of perjury as follows:

1. My name is \_\_\_\_\_ and my physical address is \_\_\_\_\_, located in \_\_\_\_\_ County, South Carolina.
2. I am the principal and owner of and make this affidavit on behalf of \_\_\_\_\_ (farm or business name) (herein referred to as the "Farm").
3. I am over 18 years old and competent to make this affidavit. I am authorized by the Farm to make this affidavit and do so on my own behalf and on behalf of the Farm. Any references herein to "I" shall include myself and the Farm.
4. The Farm is located at the following address: \_\_\_\_\_, located in \_\_\_\_\_ County, South Carolina.
5. The Farm has completed the Produce Safety Alliance Grower Training Course.
6. The Farm has completed an On-Farm Readiness Review and a Cost Share Evaluation.
7. I certify that the improvements and supplies, if applicable, purchased or that will be purchased using Produce Safety Rule On-Farm Improvement Cost Share Grant Funds ("Grant Funds") will be used solely for the handling, holding, and distribution of covered produce.
8. I certify the accuracy of all documents, records, and information provided by the Farm or myself for purposes of applying for or obtaining Grant Funds under the Produce Safety Rule On-Farm Improvement Cost Share Grant Program (the "Grant Program").
9. I fully understand and acknowledge that reimbursement through the Grant Program requires that I use Grant Funds for only covered activities on covered produce and that I may not use Grant Funds for other purposes.
10. I fully understand and acknowledge that if it is found that I knowingly provided false information to obtain Grant Funds under the Grant Program or if I use Grant Funds for purposes not considered covered activities on covered produce, that I am subject to repayment of any grant dollars I received under the Grant Program and I may be subject to prosecution in Magistrate Court.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant \_\_\_\_\_

SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Printed Notary Name \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

SCDA Produce Safety Cost Share  
Attn: Brooke Horton  
123 Ballard Court, West Columbia, SC 29172  
[bhorton@scda.sc.gov](mailto:bhorton@scda.sc.gov)

*Save this form to your computer first before filling out and submitting. Do not submit from an internet browser.*