



VALUE-ADDED PACKAGING COST SHARE PROGRAM

Participant Application

The South Carolina Specialty Crop Growers Association is pleased to announce the Value-Added Packaging Cost Share Program. Through funding from the USDA Specialty Crop Block Grant, farmers can receive reimbursement up to \$1,800 per year, or \$1350 for nonmembers, per farm for packaging costs.

Packaging is an essential part of marketing and selling specialty crops and can be an expensive input for farmers, especially in the early stages of their business. This program is designed to help alleviate some of the financial burden that comes with farming and encourage growers to expand their market outlets. Reimbursements are available on a first come first serve basis until funds are depleted.

The following is required for reimbursement:

1. Must be a South Carolina farmer and grow specialty crops. The USDA defines specialty crops as “fruits and vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture).”
2. Provide copies of primary source receipts for packaging costs.
3. Sign an affidavit with SCDA to ensure packaging will be used solely for the use of specialty crops.
4. Provide data, information, statistics, and/or testimonials after 12 months of participation in program.

Name _____

Farm Name _____

Physical Address _____ City _____ ZIP _____

Mailing Address _____ City _____ ZIP _____
(If different from above)

Phone Number(s) _____ Email _____

State Vendor Registration Number _____

Each company requesting reimbursement must obtain a State of SC Vendor Number. This process is free and can be completed at procurement.sc.gov/doing-biz/registration.

Reimbursement Amount Requested _____

Are you a member of the SC Specialty Crop Growers Association? Yes No
SC Specialty Crop Growers Association members may be given preference.

Please include receipts or other documentation of all expenditures for packaging costs with this application.
Your application will be considered incomplete without these items.

List all specialty crops grown

Please be sure to include the following with your application:

- A completed, notarized affidavit ensuring packaging will be used solely for specialty crops.
- A copy of primary source receipts and proof of payment of packaging costs.

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 a grower of "specialty crops" as defined by Section 101 of the Specialty Crops Competitiveness Act of 2004 (7 U.S.C. 1621 note) and amended under section 10010 of the Agricultural Act of 2014, Public Law 113-79 (the Farm Bill).
5. The Farm is a participant in the Value-Added Packaging Cost Share Program (the "Program"), funded through the United States Department of Agriculture's Specialty Crop Block Grant.
6. I certify the accuracy of any and all documents, records, and information provided by the Farm or myself for purposes of applying for a cost-share reimbursement under the Program.
7. I fully understand and acknowledge that if it is found that I knowingly provided false information to obtain grant funds under the Program or if I obtain packaging for items not considered a specialty crop, that I am subject to repayment of any grant dollars I received under the Program and I may be subject to prosecution in Magistrate Court.

FURTHER AFFIANT SAYETH NOT.

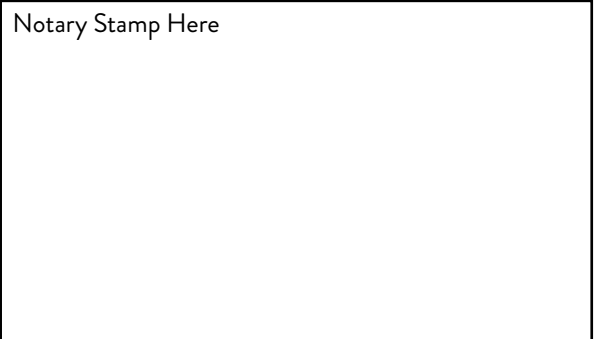
Signature of Affiant _____

SWORN to before me this _____ day of _____, 20____

Printed Notary Name _____

Notary Public for the State of _____

My Commission Expires _____



List each item purchased along with the purchase price including any applicable tax paid, then enter the total amount to be reimbursed. For each item below, a paid receipt must be included with your request.

PACKAGING ITEM	PRICE INCLUDING TAX (\$)
TOTAL AMOUNT REQUESTED	

RETURN COMPLETED APPLICATION TO
 Michael Cranford, SCDA Marketing Specialist
 South Carolina Department of Agriculture
 PO Box 11280, Columbia, SC 29211
mcranford@scda.sc.gov

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

SCDA GRANTS ADMINISTRATION USE ONLY

Approved Not Approved

Amount to Pay _____ Date _____

Authorized By _____