



South Carolina DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

GAP AUDIT REIMBURSEMENT COST SHARE APPLICATION

Please read all the information below carefully as this program has changed.

Through funding from the USDA AMS Specialty Crop Block Grant Program (#21SCBPSC1085), South Carolina growers can now get reimbursed for 90% of the costs associated with a GAP audit completed May 1, 2022, or later while funds are available. To help growers receive reimbursements faster, they may choose to receive two separate payments. A grower may submit Part I of the application as soon as they have paid the SCDA portion of the audit without having to wait on the USDA invoice. Then, once the grower has paid the USDA portion, they may submit Part II of the application to receive 90% of that amount as well. However, a grower may choose instead to submit both parts together to receive one larger payment. See examples below:

Example 1

Smith Farm submits a paid receipt from SCDA Fruit & Vegetable Inspections for \$575 with Part I of the application and receives a check for \$517.50 approximately four weeks later. ($\$575 \times 90\%$)

Next, the Smiths receive the USDA invoice, pay \$345 to USDA, then submit the paid receipt with Part II of the application to USDA. About four weeks later the Smiths receive a second check for \$310.50. ($\$345 \times 90\%$)

Example 2

Jones Farm is charged the same as the Smiths above but chooses to wait until they have paid both invoices to submit the application. In this case, they may submit both Parts I and II of the application at the same time. The Jones' will receive one check approximately four weeks later for \$828. ($\$575 + \$345 = \$920 \times 90\%$)

Please complete the form below carefully as errors or missing information will cause delays in receiving your reimbursement. Applicants must submit a complete application package including all of the following:

- Completed application with correct information
- A state vendor registration number – see directions below
- Complete, detailed answers to the questionnaire included in the application*
- Your agreement to provide follow-up information regarding the impact of GAP certification*
- A copy of the paid receipt or other proof of payment for the reimbursement you are requesting. *We will not send checks unless we have this.*

*Note: This information impacts our ability to seek continued funding for this program.

Grower payments are a priority for us, so we do our best to get reimbursements to you as quickly as possible. However, please understand this must go through State Administration processing. You can expect payment 4–6 weeks following the receipt of an *accurately submitted application package*.

GAP AUDIT REIMBURSEMENT COST SHARE APPLICATION

Grower Name _____ Date of Audit _____

Farm Name _____

Physical Address *Location of Farm* _____

City _____ State _____ ZIP _____

Mailing Address *Vendor Registration* _____

City _____ State _____ ZIP _____

Phone Number _____ Email _____

State Vendor Registration Number _____

NOTE: To do business with the State of South Carolina and receive a check payment, you must have a state vendor registration number. This process is free and can be completed at procurement.sc.gov/doing-biz/registration. For assistance, please contact us.

SELECT ONE OPTION BELOW AND ENTER THE CORRECT AMOUNTS

I am submitting **Part I** of the application and have included a paid receipt from SCDA Fresh Fruit and Vegetable Inspections.

_____ Amount Paid to **SCDA** × 90% = _____ Reimbursement Amount Requested

I am submitting **Part II** of the application and have included a paid receipt from USDA Agricultural Marketing Service (Specialty Crops Program).

_____ Amount Paid to **USDA** × 90% = _____ Reimbursement Amount Requested

I am submitting both Parts I and II of the application and have included **both** paid receipts from SCDA and USDA.

_____ Amount Paid to **SCDA** + _____ Amount Paid to **USDA**

_____ Total Amount Paid × 90% = _____ Reimbursement Amount Requested

GAP COORDINATOR USE ONLY

Approved Amount to Pay _____

Not Approved Authorized By _____ Date _____

If you are submitting Part I and II of the application separately, the following questionnaire only needs to be filled out once.

List Specialty Crops _____

Please answer the following questions with as much information and detail as possible.

What encouraged your decision to participate in the GAP Audit Program?

In what ways does the SCDA auditing service benefit your farm business goals (i.e., food safety, new markets, etc.)?

What benefits have you experienced (or hope to experience) from participating in the grant cost share reimbursement program?

What challenges have you experienced during the GAP certification and/or cost share process?

I agree to provide additional follow up information when requested by SCDA. Initial _____

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 GAP Reimbursement Cost Share Program.

Signature _____ Date _____

RETURN COMPLETED APPLICATION TO:

SCDA Grants Administration
Attn: GAP Coordinator
123 Ballard Court, West Columbia, SC 29172
GAP@scda.sc.gov

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