

# West Virginia Department of Agriculture

Kent A. Leonhardt, Commissioner  
Joseph L. Hatton, Deputy Commissioner



## WVDA Good Handling Practices/Good Agricultural Practices (GHP/GAP) Certification Cost Share Program Application for Reimbursement

**Please mail original to:** West Virginia Department of Agriculture (Business Development Division),  
1900 Kanawha Blvd., E., Charleston, WV 25305

*To receive reimbursement: Complete this form and include copies of your successful GHP/GAP audit form.  
Also include copies of: audit invoice, payment check associated with your audit and an IRS W-9 form*

The undersigned hereby applies for 100% reimbursement of successful GHP/GAP audit costs for said agribusiness. This reimbursement is for produce producers who receive or continue GHP/GAP certification from a USDA accredited certifying agent (only one audit reimbursable in a 12-month period). **Application should be submitted as soon as possible as reimbursements will not be made once allocated grant funds are utilized.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Farm Name & Location: \_\_\_\_\_

Date of Farm Certification: \_\_\_\_\_

Certification Scopes Passed: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

USDA Inspector: \_\_\_\_\_ Contact Phone (if known): \_\_\_\_\_

Does your organization receive grant funding: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please attach affidavit that says no grant funds were used to pay for the audit you are requesting.

**TOTAL COST OF CERTIFICATION:** \_\_\_\_\_

I affirm that the above information is true and that all additional documents included with this application are legitimate

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR USE BY WVDA ONLY (do not write below this line)

USDA/Specialty Crop Block Grant Program Reimbursement:

Total Reimbursement:

Date of Receipt

Name of Recipient

Signature of Recipient