GAP GRANT REIMBURSEMENT

NOTE: If you have received reimbursement before, you are eligible for reimbursement for 2nd time.

Please follow the instructions listed below. If you have any question about the GAP grant or forms, please contact Saeed Akhtar in Albany office at 518-457-2090 OR saeed.akhtar@agriculture.ny.gov

1) Complete the following forms and return them to the Albany Office by mail/e-mail/fax except for ‘Claim For Payment’ form which needs to be mailed.(address and fax number are listed on the application form):

✓ Application Form
✓ Substitute Form W-9
✓ Claim For Payment form (complete two copies; one for initial audit and one for unannounced visit): Complete Vendor Information and Vendor Certification sections; Date, Description and Amount will be entered by the Albany office after your audit has been completed. Mail these forms to the Albany Office. These forms cannot be faxed because original signature are required to process payment.
Note: If you also have receipts for water testing, attach those to the Claim For Payment form.

2) After you have your audit, you will receive a bill from our Rochester Office. You will need to:
➢ Pay the invoice. The Rochester Office does the billing for all GAP audits statewide, therefore payment should be sent to the address listed on the invoice.

3) If an unannounced visit is performed, submit a Claim for Payment form (not necessary if you have already sent two forms to Albany - see above instructions)
NYS Good Agricultural Practices/Good Handling Practices
Certification Assistance Program
New York State Department of Agriculture and Markets
Division of Food Safety and Inspection
(Farm Products Unit)

APPLICATION INSTRUCTIONS

• The Good Agricultural Practices (GAP)/Good Handling Practices (GHP) Certification Assistance Program is a cost-share/reimbursement program designed to assist the New York State’s specialty crop industry with the cost of a GAP/GHP food safety audit.

• Funding for this program is provided by United States Department of Agriculture (USDA) Specialty Crop Block Grant Program.

• The New York State Department of Agriculture and Markets (NYSDAM) will reimburse up to $1000 of the cost of having NYSDAM/USDA, or a qualified private auditing company, conduct third party audit(s), including water tests, to verify an establishment’s food safety program.

• Funding is limited to $1000 per establishment for audits and/or water test(s). Participating growers/packershandlers will be responsible for paying any balance due above $1000.

• Applicants seeking reimbursements for a non-USDA audit performed by a private company will be required to provide documentation showing that the audit was passed and paid.

• Requests for non-USDA audits performed by a private company are subject to the approval of NYSDAM Division of Food Safety and Inspection.

• Applications must be approved by NY State Department of Agriculture and Markets.

• Funds are available on a first-come, first-serve basis until the funds are depleted or expiration of grant.

• Reimbursement is available for two times (for two audits), applicants who have received the reimbursement one time before are eligible for reimbursement for second time. Applicants who have received the reimbursement twice before are not eligible to receive reimbursement.
**APPLICATION FORM**

To be completed by the establishment audited / to be audited:

Date: ____________________________

Name of Applicant: ____________________________________________________________

Type of Operation (circle all that apply): grower  packer  handler

Establishment Name: ____________________________________________________________

Address:_____________________________________________________________________

City:________________________ State:____  ZIP:________  County____________________

Phone:________________________ Fax:________________________ E-mail:_________________

GAP/GHP audit(s) and/or water test(s) performed / will be performed by:

NYSDAM/USDA

OR

For audits performed either by NYSDAM/USDA or by qualified private companies, applicants are responsible for payment in full. NYSDAM will then reimburse applicants up to $1000, pending prior approval by NYSDAM.

Private Company*

Name of Company: _____________________________________________________________

Address:_______________________________________________________________City:

State:_________ Zip:____________________

Name of contact person:_____________________________________________________

Phone:________________________ Email:________________________

**Applicant Certification:**

I certify that I am a New York State fruit and/or vegetable grower/packer/handler. My establishment has been / will be audited for GAP/GHP this year. I understand that New York State will provide funding for GAP/GHP audit(s), including water tests, up to $1,000 of the cost of the audit(s) and water test(s) on first-come first-serve basis, until the funds are depleted or expiration of grant and I will be responsible for any balance due above $1000.

Signature of Applicant:_________________________________________ Date:__________

*Note: Requests for non-USDA audits performed by a private company are subject to the approval of NYSDAM Division of Food Safety and Inspection.
AUTHORIZATION FOR PAYMENT

Establishment Name: ________________________________________________

REIMBURSEMENT/COST SHARE CALCULATION:
$_________Total cost of audit(s) and water test
**For private audits paid receipts must accompany this application.

Name the check should be made out to: __________________________________

Federal ID or Social Security # (Required to receive payment) ________________

Signature of NYSDAM Official (For Private audits only): ______________________ Date _____________

Mail / Fax / Email to: New York State Department of Agriculture & Markets
Division of Food Safety & Inspection (Farm Products Unit)
GAP & GHP Certification Assistance Program
10B Airline Drive
Albany, New York 12235
FAX: 518-485-8986
Email: nysgapinfo@agriculture.ny.gov

Questions? Call 518-457-2090 or 800-554-4501

Food Safety Div. __________________________ Fiscal Div. __________________________
_______ Date ____________ Voucher# ____________ Date Paid ____________
Reimbursement Amt.$___________

For Office Use Only
# CLAIM FOR PAYMENT

## Vendor Information

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Vendor Identification Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

| Invoice Number |

<table>
<thead>
<tr>
<th>Purchase Order No. and Date</th>
<th>Description of Materials/Service</th>
<th>Quantity</th>
<th>Unit</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
</table>

## Vendor Certification

I certify that the above bill is just, true and correct; that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.

<table>
<thead>
<tr>
<th>Vendor's Signature in Ink</th>
<th>Title</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Company</th>
</tr>
</thead>
</table>

## NYS Agency Information

<table>
<thead>
<tr>
<th>Vendor Identification Number</th>
<th>Vendor Location ID</th>
<th>Vendor Address Sequence</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Voucher ID</th>
<th>Business Unit Name</th>
<th>Bus. Unit</th>
<th>Interest Eligible (Y/N)</th>
<th>Contract ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Payment Date (MM) (DD) (YY)</th>
<th>Liability Date (MM) (DD) (YY)</th>
<th>Merch/Inv. Rec'd Date (MM) (DD) (YY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Withholding Class</th>
<th>Withholding Amount</th>
<th>Handling Code</th>
<th>Payee Amount</th>
<th>Agency Internal Use</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Invoice Number</th>
<th>Invoice Date</th>
</tr>
</thead>
</table>

## PeopleSoft Format Charge Lines (If Applicable)

<table>
<thead>
<tr>
<th>Business Unit</th>
<th>Department</th>
<th>Program</th>
<th>Fund</th>
<th>Account</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Budget Reference</th>
<th>Project ID</th>
<th>Activity</th>
<th>Class</th>
<th>Operating Unit</th>
</tr>
</thead>
</table>

| Product | Chartfield 1 - Accumulator | Chartfield 2 - Agency Use | Chartfield 3 | Amount |
|---------|-----------------------------|-----------------------------|---------------|

## Legacy Format Charge Lines (If Applicable)

<table>
<thead>
<tr>
<th>Expenditures</th>
<th>Liquidation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Dept</th>
<th>Cost Center</th>
<th>Var</th>
<th>Yr</th>
<th>Object</th>
<th>Accum</th>
<th>Dept</th>
<th>Statewide</th>
<th>Amount</th>
<th>Orig.Agency</th>
<th>PO/Contract</th>
<th>Line</th>
<th>F/P</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Liability Date</th>
<th>From Date</th>
<th>TC</th>
<th>Subledger</th>
<th>Optional</th>
</tr>
</thead>
</table>

NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: 

2. If you use a DBA, please list below:

3. Entity Type (Check one only):
   - Sole Proprietor
   - Partnership
   - Limited Liability Co.
   - Business Corporation
   - Unincorporated Association/Business
   - Federal Government
   - State Government
   - Public Authority
   - Local Government
   - School District
   - Fire District
   - Other ____________________________

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES) ____________

2. Taxpayer Identification Type (check appropriate box):
   - Employer ID No. (EIN)
   - Social Security No. (SSN)
   - Individual Taxpayer ID No. (ITIN)
   - N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:
   - Number, Street, and Apartment or Suite Number
   - City, State, and Nine Digit Zip Code or Country

2. Remittance Address:
   - Number, Street, and Apartment or Suite Number
   - City, State, and Nine Digit Zip Code or Country

Part IV: Exemption from Backup Withholding and Certification

For payees exempt from Backup Withholding, check the box below. Valid explanation required for exemption. See instructions.

- Exempt from Backup Withholding

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Under penalties of perjury, I certify that the number shown on this form is my correct Taxpayer Identification Number (TIN).

Sign Here:

______________________________ 
Signature

______________________________ 
Date

______________________________ 
Print Preparer's Name

______________________________ 
Phone Number

______________________________ 
Email Address

Part V: Contact Information – Individual Authorized to Represent the Vendor

Vendor Contact Person: ____________________________  Title: ____________________________

Contact’s Email Address: ____________________________  Phone Number: ____________________________

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

FOR OSC USE ONLY
NYS Office of the State Comptroller
Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.\(^1\) We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

**Part I: Vendor Information**

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **DBA (Doing Business As):** Enter your DBA name.
3. **Entity Type:** Mark the Entity Type doing business with New York State.

**Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type**

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN)\(^2\) or Employer Identification Number.
2. **Taxpayer Identification Type:** Mark the type of identification number provided.

**Part III: Address**

1. **Physical Address:** List the location of where your business is physically located.
2. **Remittance Address:** List the location where payments should be delivered.

**Part IV: Exemption from Backup Withholding and Certification**

Generally, reportable payments made by New York State are subject to Backup Withholding. Exemption from Backup Withholding applies to government and non-United States Business Entities\(^3\). Please sign, date, provide the preparer’s name, telephone and email address. The preparer should be employed by your organization.

**Part V: Contact Information**

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

\(^1\) According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor’s TIN.

\(^2\) An ITIN is a nine-digit number used by the United States Internal Revenue Service for individuals not eligible to obtain a Social Security Number, but are required to file income taxes. To obtain an ITIN, submit a completed W-7 to the IRS. The IRS will notify you in writing within 4 to 6 weeks about your ITIN status. In order to do business with New York State, you must submit IRS Form W-8 along with our Substitute Form W-9 showing your ITIN. IRS Form W-8 certifies your foreign status. To obtain IRS Forms W-7 and W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.

\(^3\) In order to do business with New York State, you must submit IRS Form W-8 along with our Substitute Form W-9. IRS Form W-8 certifies your foreign status and exempts you from United States information return reporting and backup withholding rules. To obtain IRS Form W-8, call 1-800-829-3676 or visit the IRS website at www.irs.gov.