

Alabama GAP/GHP Cost-Share Program

Application for Reimbursement

October 1, 2018 – September 30, 2019

| | | |
|-----------------------------|-------------------------|-------------------------------------|
| LEGAL BUSINESS NAME | | DATE |
| | | |
| FIRST NAME | MIDDLE INITIAL | LAST NAME |
| | | |
| ADDRESS | | |
| | | |
| CITY | STATE | ZIP |
| | | |
| PHONE | EMAIL ADDRESS | |
| | | |
| CROPS APPROVED | | |
| | | |
| NAME OF AUDITOR AND COMPANY | | |
| | | |
| DATE OF AUDIT | | DATE FEES PAID |
| | | |
| TOTAL AMOUNT PAID | PERCENTAGE CALCULATION | REIMBURSEMENT AMOUNT (MAX \$500) |
| | TOTAL x 75% (0.75) = \$ | |

Note: You must attach a copy of the audit bill, score sheet, and documentation of the payment made. (In the form of a cancelled check.)

SIGNATURE: I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, AND I RECEIVED THE GAP/GHP CERTIFICATION.

SIGN: _____

DATE: ____/____/____

MAIL APPLICATION DOCUMENTS TO:

Alabama Department of Agriculture and Industries
ATTN: Farmers Market Authority
1445 Federal Dr.
Montgomery, AL 36107



ALABAMA DEPARTMENT OF
AGRICULTURE & INDUSTRIES