

Application for Cost-Share for GAP/GHP Audit

Audits conducted on or after October 1, 2018 are eligible for reimbursement.

Program for Colorado producers only.

Company/Producer Name:		Date:
Address:		
City:	State:	Zip:
Primary Contact regarding this Application:	:	
Primary Contact Email:		
Primary Contact Phone:		
This Application is for:		
Reimbursement of half the total cost of Reimbursement of half the USDA admin		
Total Amount Reimbursement Requested:	\$	
Attach:		
□ A Copy of your completed certificate fr	rom USDA	
□ Invoice(s) from USDA and/or CDA Fruit and Vegetable Section for audit costs		
Proof of payment. This may include car	ncelled check, invoice by cr	redit card marked "Paid," etc.
□ Completed W-9 form		

Questions?
Contact Brian Pauley at (719) 852-4749 or brian.pauley@state.co.us.

Submit application materials:

Email: <u>brian.pauley@state.co.us</u> Fax: (719) 852-4319

Mail: P.O. Box 407 Monte Vista, CO 81144

