

TENNESSEE DEPARTMENT OF AGRICULTURE
Good Agricultural Practices (GAPs) Cost Share Program

The GAPs Cost-Share Program seeks to defray the cost of farm items purchased for Good Agricultural Practices compliance for producers of fruit and vegetable products in Tennessee. Accepted applicants will be reimbursed 50% of approved costs up to \$5,000 per producer. This program was made possible by a USDA specialty crop grant.

ELIGIBILITY

- Must be Tennessee residents and operate a fruit and/or vegetable farm located in Tennessee.
- Must be 18 years of age as of application date.

EXAMPLES OF ELIGIBLE FARM ITEMS FOR GAPs COMPLIANCE

- Washable Harvest Bins
- Hand-Wash Stations
- Rodent Traps
- Other items as approved by TDA

DOCUMENTS NEEDED FOR COST SHARE REIMBURSEMENT:

- GAP Cost Share Application
- Short narrative explaining what you will be purchasing and why
- Estimate of cost, including supporting documentation
- W-9 Form

APPLICATION PROCEDURE

- Applications will be approved on a first come, first serve basis.
- Applying does not automatically guarantee approval.
- Items **may not** be purchased prior to application approval.
- Please allow 4 weeks for notification of approval/denial.
- Items must be purchased within 3 months of application approval.
- You may either mail or fax your application

TDA RESERVES THE RIGHT TO:

- Reject any or all requests.
- Require additional information from the applicant.
- Deny payments for items that do not meet requirements
- Make site visits relating to the performance of the activity before, during and after completion for a period of three years.
- Require applicants to repay funds if they fail to comply with all aspects of the cost share guidelines.

NEED ADDITIONAL ASSISTANCE?

Contact: Rob Beets-Tennessee Department of Agriculture, PH: 615-837-5517, E-Mail: robert.beets@tn.gov

Good Agricultural Practices (GAPs) Cost Share Program

Applying for Cost Share Reimbursement for: **GAPs Cost -Share program**

Date:

Office Use Only – Date Received

APPLICANT INFORMATION

Last Name:

First Name:

Middle Initial:

Mr.

Miss

SSN or Federal Tax ID:

Mrs.

Ms.

Name of Operation:

Location of Operation (County):

Mailing address (street, town, zip):

Home Phone #:

Cell Phone #:

Address of operation (street, town, zip), if different than above:

E-mail address:

Website:

Total Amount of project Cost:

\$ _____

What products do you currently produce?

I certify that all the information on this application is complete, true, and factual to the best of my knowledge and belief. I understand that providing any false, fraudulent, or misleading information may result in penalties and/or make this farm/tract ineligible to participate in present and/or future Tennessee Department of Agriculture programs.

Producer Signature

Date

Mail or Fax to:

**TN Dept. of Agriculture
Attn: Rob Beets
P.O. Box 40627
Nashville, TN 37204
FAX: 615-837-5194**

To Be Included In Mailing or Fax:

- **Application/Narrative**
- **W-9 Form**
- **Estimate of cost, including supporting documentation**

Contact:

**Rob Beets
Marketing Specialist
615-837-5517
*robert.beets@tn.gov***

OFFICE USE ONLY

Date of Approval:

Amount Approved:

Notes: