

# Alabama GAP/GHP Cost-Share Program

## Application for Reimbursement

October 1, 2018 – September 30, 2020

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: Don Wambles  
1445 Federal Dr.  
Montgomery, AL 36107



ALABAMA DEPARTMENT OF  
**AGRICULTURE & INDUSTRIES**