



## Arizona Specialty Crop Block Grant COVID Cost Share Reimbursement Application

| BUSINESS/ORGANIZATION/INDIVIDUAL IDENTIFICATION                |              |               |          |
|--|--------------|---------------|----------|
| First Name and/or Company Name                                 | M.I.         | Last Name     |          |
| Address  |              |               |          |
| City   | County       | State         | Zip Code |
| Social Security Number or Employer Identification Number (EIN) |              |               |          |
| Phone Number   | Contact Name | Email Address |          |

| ELIGIBLE EXPENSE INFORMATION  |  |
|---|--|
| Eligible Expense Category <i>(Must be less than \$5,000 per unit)</i>   |  |
| <input type="checkbox"/> Personal Protective Equipment (PPE) <ul style="list-style-type: none"> <li><input type="checkbox"/> Gloves</li> <li><input type="checkbox"/> Face masks</li> <li><input type="checkbox"/> Hand sanitizer</li> <li><input type="checkbox"/> Touchless thermometers</li> <li><input type="checkbox"/> Clothing coverings</li> <li><input type="checkbox"/> Other: _____</li> </ul> | <input type="checkbox"/> Facility Adjustments for Worker and Product Safety <ul style="list-style-type: none"> <li><input type="checkbox"/> Installation of plexiglass barriers</li> <li><input type="checkbox"/> Appropriate sanitary dividers</li> <li><input type="checkbox"/> Hand washing stations</li> <li><input type="checkbox"/> Portable ventilation/air filtration systems</li> <li><input type="checkbox"/> COVID Early Warning Sewage Testing</li> <li><input type="checkbox"/> Other: _____</li> </ul> |
| <input type="checkbox"/> Vaccination Event  | Total Amount of Eligible Expenses  |
|   | \$ _____   |

**NOTE: You must attach a copy of the invoice(s) for eligible expenses and proof of payment to your application.**

| SIGNATURE  |                        |
|--|------------------------|
| <b>Certification by applicant:</b>   |                        |
| I certify that the above information is true and correct, and the eligible expenses were incurred and paid for between <b>April 3, 2021 and September 30, 2023</b> . I also certify that these eligible expenses were incurred to benefit the production and distribution of Arizona Specialty Crops. The eligible expenses have not and will not be reimbursed by any other assistance program. |                        |
| <b>Notice of Penalties: Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.</b>   |                        |
| _____<br>Applicant Signature   | _____<br>Date          |
| SUBSCRIBED AND SWORN to me this ____ day of _____, 20__  |                        |
| _____<br>Commission Expires  | _____<br>Notary Public |

| Email Application and Supporting Documentation to:  | For Official Use Only                    |                             |
|---|--|-----------------------------|
| ljames@azda.gov or aestes@azda.gov<br><b>or Mail Application and Supporting Documentation to:</b><br>Arizona Department of Agriculture<br>SCBGP COVID-CSRP<br>COVID Cost-Share Reimbursement<br>1802 W. Jackson #78<br>Phoenix, Arizona 85007 | Application Number                       | Total Costs From Invoice(s) |
|   | <b>COVID-CSRP #</b>                      | \$ _____                    |
|   | <input type="checkbox"/> \$2,500 Maximum | Reimbursable Amount         |
|   | Approved By                              | \$ _____                    |
|   |  | Date                        |