



## 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, 2022</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>	
_____ Applicant Signature	_____ Date
SUBSCRIBED AND SWORN to me this ____ day of _____, 20__	
_____ Commission Expires	_____ Notary Public

<b>Email Application and Supporting Documentation to:</b> ljames@azda.gov or aestes@azda.gov <b>or Mail Application and Supporting Documentation to:</b> Arizona Department of Agriculture SCBGP COVID-CSRP COVID Cost-Share Reimbursement 1688 West Adams Street Phoenix, Arizona 85007	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e6f2e6;"> <th colspan="2" style="text-align: left; padding: 5px;">For Official Use Only</th> </tr> </thead> <tbody> <tr> <td style="width: 60%; padding: 5px;">Application Number</td> <td style="width: 40%; padding: 5px;">Total Costs From Invoice(s)</td> </tr> <tr> <td style="padding: 5px;"><b>COVID-CSRP #</b></td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px; text-align: center;"><input type="checkbox"/> \$2,500 Maximum</td> <td style="padding: 5px;">Reimbursable Amount</td> </tr> <tr> <td style="padding: 5px;">Approved By</td> <td style="padding: 5px;">Date</td> </tr> </tbody> </table>	For Official Use Only		Application Number	Total Costs From Invoice(s)	<b>COVID-CSRP #</b>	\$ _____	<input type="checkbox"/> \$2,500 Maximum	Reimbursable Amount	Approved By	Date
For Official Use Only											
Application Number	Total Costs From Invoice(s)										
<b>COVID-CSRP #</b>	\$ _____										
<input type="checkbox"/> \$2,500 Maximum	Reimbursable Amount										
Approved By	Date										