

ATTACHMENT A

Department Use Only

Date Received: _____

Received By: _____

Food Safety Certification Costs Grant Program Application Form (Fiscal Year 2019)

All of the information on this application must be completed or identified as Not Applicable.

1. Agricultural Operation Information:

Applicant Name Operation Name Legal Structure Sole Proprietor Corporation Partnership LLC Other _____Mailing Address City, State, Zip Home Phone Mobile Phone E-mail County

2. Site Address for Operation (if different from above):

Site Address City, State, Zip

3. Eligibility (Check boxes where applicable):

I am a farmer, rancher, or aquaculture operation subject to FSMA, FDA regulations of state food safety laws. I am a shellfish grower and possess a current shellfish aquaculture license from the Hawaii Division of Marine Fisheries: Excise Tax Year
License Number

4. Agricultural Operation Details: Please complete the appropriate section.

Produce Section:

Acreage Owned Acreage Leased Acreage in Production

Crops Processed

Livestock Type(s)

Do you have a written food safety plan? Yes No

Have you participated in a food safety training class? Yes No

Has your farm had a third party audit? Yes No

How is your produce marketed? Wholesale Direct Market Both

Do you buy product from another farm? Yes No

What size is your annual sales? Extra Small (<\$25,000) Small (>\$25,000 but <\$250,000)
 Medium (>\$250,000 but <\$500,000) Large (>\$500,000)

Aquaculture Section:

Acreage Leased When does the lease end?

HACCP Certified? Yes No Are you a new farmer (5 years or less)? Yes No

Dealer? Yes No Wholesaler? Yes No

8. Attestation:

By signing this application, you attest all statements herein are accurate and true. You also give permission to have a site visit by HDOA staff which will be necessary before a funding decision is made. All site visits will be arranged with you in advance.

Signature: _____ Date: _____