



WATER QUALITY ANALYSIS COST SHARE PROGRAM

Participant Application

The South Carolina Specialty Crop Growers Association is proud to announce the 2022 Water Quality Analysis Cost Share Program. Through funding from the USDA Specialty Crop Block Grant Program, farmers can receive reimbursement up to \$1,000 per year, or \$750 for nonmembers, per farm for analysis of on-farm water inputs for E. Coli and General Coliform on South Carolina farms.

This Program is designed to encourage water testing for specialty crop growers in South Carolina, especially for those pursuing Good Agricultural Practices (GAP) certification and those who must comply with the Food Safety Modernization Act (FMSA) Produce Safety Rule. However, it is open to ALL South Carolina specialty crop farmers. Reimbursements are available on a first come, first served basis until funds are depleted.

FOR REIMBURSEMENT, THE FOLLOWING IS REQUIRED:

- Must be South Carolina farmer and grow specialty crops. The USDA defines specialty crops as “fruits and vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture).”
- Provide copies of primary source receipts and proof of payment for water quality analysis by a certified laboratory.
- The certified laboratory must report data analysis of water samples in numerical values.
- Sign an affidavit with the SCDA to ensure water quality analysis will be solely for the use of specialty crops.
- Provide data, information, statistics, and/or testimonials after 12 months of water quality analysis.

Name _____

Farm Name _____

Physical Address _____ City _____ ZIP _____

Mailing Address _____ City _____ ZIP _____

(If different from above)

Phone Number(s) _____ Email _____

State Vendor Registration Number _____

Each company requesting reimbursement must obtain a State of SC Vendor Number. This process is free and can be completed at procurement.sc.gov/doing-biz/registration.

Reimbursement Amount Requested _____

Are you a member of the SC Specialty Crop Growers Association? Yes No *SC Specialty Crop Growers Association members may be given preference.*

List of Specialty Crops Grown _____

Name of Certified Laboratory Used _____

Please be sure to include the following:

- A completed, notarized affidavit ensuring water analysis will be used solely for specialty crops
- A copy of primary source receipts and proof of payment for water quality analysis performed by a certified laboratory

WATER QUALITY ANALYSIS COST SHARE PROGRAM TERMS AND AGREEMENTS

Through my signature below, I acknowledge that I have read and agree to the terms during the application process and throughout my participation in the Water Quality Analysis Cost Share Program.

Signature _____ Date _____

STATE OF SOUTH CAROLINA)

AFFIDAVIT

COUNTY OF _____)

PERSONALLY appeared before me, the undersigned notary public, _____, who, first being duly sworn, deposes and states under penalty of perjury as follows:

1. My name is _____ and my physical address is _____, located in _____ County, South Carolina.
2. I am the principal and owner of, and make this affidavit on behalf of _____ (farm or business name) (herein referred to as the "Farm").
3. I am over 18 years old and competent to make this affidavit. I am authorized by the Farm to make this affidavit and do so on my own behalf and on behalf of the Farm. Any references herein to "I" shall include myself and the Farm.
4. The Farm is a grower of "Specialty Crops" as defined by Section 101 of the Specialty Crops Competitiveness Act of 2004 (7 U.S.C. 1621 note) and amended under section 10010 of the Agricultural Act of 2014, Public Law 113-79 (the Farm Bill).
5. The Farm is a participant in the Water Quality Analysis Cost Share Program (the "Program"), funded through the United States Department of Agriculture's Specialty Crop Block Grant.
6. I certify the accuracy of any and all documents, records, and information provided by the Farm or myself for purposes of applying for a cost-share reimbursement grant under the Program.
7. I fully understand and acknowledge that if it is found that I knowingly provided false information to obtain a grant funds under the Program or if I obtain water quality analysis for items not considered a Specialty Crop, that I am subject to repayment of any grant dollars I received under the Program and I may be subject to prosecution in Magistrate Court.

FURTHER AFFIANT SAYETH NOT.

Signature of Affiant _____

SWORN to before me this _____ day of _____, 20____

Printed Notary Name _____

Notary Public for the State of _____

My Commission Expires _____

<p>Notary Stamp Here</p>
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RETURN COMPLETED APPLICATION TO

Michael Cranford, SCDA Marketing Specialist
 South Carolina Department of Agriculture
 PO Box 11280, Columbia, SC 29211
mcranford@scda.sc.gov

*Save this form to your computer first before submitting.
 Do not submit from an internet browser.*

SCDA GRANTS ADMINISTRATION USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Amount to Pay _____	Date _____
Authorized By _____	