

Application Form (Form A) Compost Reimbursement Program

Producers seeking assistance under Act 164 SLH 2023 may qualify for compost cost reimbursement assistance. Payment to eligible farming operations or landscaping operations will be limited to the reimbursement of costs incurred between July 1, 2023, and May 1, 2024, for the current FY2024, provided that funds are available.

Refer to http://hdoa.hawaii.gov/ for program details and updates.

General Information				
Name/Title		Farming Operation	Landscaper License No:	
Farm or Business		dba		
Mailing Address		Farm or Business Address		
City, State, Zip		City, State, Zip		
Phone	Cellphone		Fax	
Email				
Please provide: 1. Application Form A (mail as hard copy with original signature) 2. Form W-9 (hard copy via mail) 3. Copy of a blank invoice w/Company Name & Address matching W-9 (hard copy via mail) 4. Copies of invoices (hard copy via mail) 5. For companies requesting reimbursement of over \$2,500 - Hawaii Compliance Express certificate (vendors.ehawaii.gov) (hard copy via mail) 6. Invoice Form B (email to hdoa.compost@hawaii.gov) NOTE: Incomplete or incorrect information provided may lead to If necessary, when are you available for contact? ☐ morning		best of my know complete repress year stated and s and its officers, arising out of or Original Signat Date: to delays or denial of	o delays or denial of your application.	
Postmark/Date Received Verified by on			Mail completed forms to: Hawaii Dep. of Agriculture Plant Industry Division Permanent Compost Reimbursement Program 1428 S King Street Honolulu, HI 96814	
harassment on the basis of race, color, law, with respect to any program or action for more information, including language Coordinator at (808) 973-9560, or visit	sex, national origin, age stivity. age accessibility and fili t HDOA's website at			