

**Qualification for Reimbursement under the**

**Compost Reimbursement Program FY2019**

Producers seeking assistance under Act 89 SLH 2018 may qualify for compost cost reimbursement assistance. Payment to eligible producers or handlers will be limited to the reimbursement of costs incurred during FY2019 and for a portion of FY2020, provided that funds are available.

This form will be used to initially qualify companies. Refer to <http://hdoa.hawaii.gov/> for program details and updates.

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| --- | --- | --- | --- |
| General Information | | | |
| Name/Title | | | |
| Farm or Business | | dba | |
| Mailing Address | | Farm or Business Address | |
| City, State, Zip | | City, State, Zip | |
| Phone | Cellphone | | Fax |
| Email | | | |

|  |  |
| --- | --- |
| **Please attach copies of:**   1. Completed Form W-9 2. Copy of a blank invoice w/Company Name & Address   To receive funds, the operation must be in compliance with the State as certified by the Hawaii Compliance Express system (vendors.ehawaii.gov). | I declare that this form has been examined by me and to the best of my knowledge and belief, is a true, correct, and complete representation, made in good faith, for the fiscal year stated.  Signature (required)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NOTE:** Incomplete or incorrect information provided may lead to delays or denial of your application.

If necessary, when are you available for contact?  morning  afternoon  evening

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| For Office Use Only | | Mail completed form to:  Hawaii Dept. of Agriculture  Animal Industry Division  Aquaculture and Livestock Support Services  2018 Compost Reimbursement Program  99-941 Halawa Valley Street  Aiea, HI 96701-5602 |
| Postmark/Date Received | Verified by \_\_\_\_\_\_\_\_on \_\_\_\_\_\_\_ |