



NICOLE "NIKKI" FRIED  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Division of Marketing and Development



**SCBGP HR133 Assistance Program Application**

Applicant Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

FEID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount Requested for Reimbursement: \_\_\_\_\_

**MyFloridaMarketPlace Registration Date:** \_\_\_\_\_

**Florida Substitute Form W-9 Completion Date:** \_\_\_\_\_

By signing this application for reimbursement, I confirm that I have read, understand, and will abide by the terms and conditions of the Specialty Crop HR133 Assistance program application. I certify that all the information included within this application is correct.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SCBGP HR133 Assistance Program

The purpose of the assistance program is to assist processors, distributors and growers of Florida specialty crops with eligible related COVID-19 expenses.

- Applications will be processed on a first come first served basis until funds are depleted.
- Each operation may only receive one reimbursement per fiscal year.
- Expenses prior to **April 2, 2021** will not be approved for assistance.
- Application assistance request minimum: \$565
- Program funds available: \$2,735,124.99
- Last day to apply for assistance: **September 1, 2025**

**Eligible Applicants:** Florida's specialty crop growers, Florida's specialty crop processors and or Florida's specialty crop distributors

### Reimbursement Requirements:

1. Register as a state vendor at [www.myfloridamarketplace.com](http://www.myfloridamarketplace.com).
2. Provide a substitute W9 form to the [Florida Department of Financial Services](http://Florida Department of Financial Services).
3. Complete the HR133 PPE Reimbursement application form.
4. Provide proof of purchase cost: Invoices marked 'paid', cancelled checks, or other substantial documentation of any costs to be reimbursed detailing purchased item or installations.

### Eligible Expenses (Check all that apply) :

#### Personal Protection Equipment (PPE)

- Gloves
- Face masks
- Hand sanitizer
- Touchless thermometers
- Clothing coverings
- Foot covering
- Disinfectant Spry
- COVID Test Kits

#### Facility Adjustments for Worker and Product Safety

- Plexiglass barrier, plus installation
- Hand washing stations
- Appropriate sanitary divides, plus installation
- Portable ventilation/air filtration system
- Touchless faucets, plus installation
- Touchless toilets, plus installation
- Touchless hand driers, plus installation
- Touchless soap dispensers, plus installation

#### To Submit the Application:

- Email the application and proof of purchase cost documentation to: [SpecialtyCrop@FDACS.gov](mailto:SpecialtyCrop@FDACS.gov)

#### For Additional Questions:

Phone: (850) 617-7397

Email: [SpecialtyCrop@FDACS.gov](mailto:SpecialtyCrop@FDACS.gov)

FDACS Internal Use Only		
1. Operation name		
2. Already reimbursed?	Yes	No
3. Total of documented requested costs		
Reimbursement Minimum: \$500 per entity		
4. Amount to be reimbursed		
5. Notes on any disallowed costs		

Org Code: 42060110030  
 EO: GF  
 Object Code: 740100  
 Invoice Number: 21- \_\_\_\_\_