



WPS RESPIRATORY COMPLIANCE PROGRAM COST SHARE REIMBURSEMENT REQUEST

Name of Farm or Individual to Receive Reimbursement: _____

County: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone Number (Business): _____ (Mobile): _____

Email Address: _____

Current or former tobacco Farmer? ___ Yes ___ No Current or former quota holder? ___ Yes ___ No

ELIGIBILITY

Any Farm / Farmer in North Carolina needing to purchase respirators (including Full Face, Half Face or Filtering Facepieces) or cartridges to comply with the US Environmental Protection Agency's Worker Protection Standard.

COST-SHARE PROGRAM REQUIREMENTS

- Cost-Share level is 50:50 (equipment only; does not cover medical clearance or fit test fees)
- Funds are limited and will be paid on a "First Come, First Served basis.
- **Original itemized paid receipts** must be sent to the North Carolina Agromedicine Institute within 60 days of purchase
- Proof of Medical Clearance Evaluation and Fit Test (Please send copy of documentation, not original documents.)

RETURN THIS COMPLETED APPLICATION FORM (2 PAGES), ORIGINAL RECEIPTS & FIT TEST / CLEARANCE DOCUMENTATION TO:

**NORTH CAROLINA AGROMEDICINE INSTITUTE
ATTN: TINA CLIFT
1157 VOA Site C Road
GREENVILLE, NORTH CAROLINA 27834**

In order to receive reimbursement, ECU requires that you also **Complete an online ECU Vendor Request form**. Mrs. Clift will initiate this online procedure. You will receive an email invite from **Support@Sciquest** which will contain a link for you to go to an online site to complete the form and upload your W-9 form. Once this process is completed, you will be set up with a "Banner ID" – a unique number which will guard your identity and replace your Social Security Number or your TIN. Failing to respond to the email from **Support@Sciquest**, will void your request for reimbursement.

For Office Use Only: Approved by _____ **Date** _____

Submitted for payment by: _____ **Date** _____

ITEMIZED REIMBURSEMENT REQUEST

Please include detail about the item purchased following the example below. Please call 252-744-1008 if you have questions about eligibility of the products you wish to purchase under the Cost Share Program. **Remember, ask us for applicability before you buy! Only Respirators and Cartridges apply to Cost Share Program.**

Item	Quantity	Per Item Cost	Purchased From	Manufacturer Item Number	Total Cost
Example: 3M Half Face Respirator (S)	2 Each	14.54	Grainger	5AM53	29.08
Please remember to attach <u>original</u> receipts! Photocopies will not be accepted.				Shipping & Handling	
				Tax (if applicable)	
				Total Cost	
				Total Cost Divided by 2 =Amount of Cost Share Funds Requested	