



Grasshopper and Mormon Cricket Suppression Reimbursement Application

Completed applications must be received by the Oregon Department of Agriculture (ODA) no later than **August 1, 2022**. Late applications are not eligible for reimbursement. The reimbursement amount will be determined based upon available funds and the treated acres seeking reimbursement. In no event shall reimbursements exceed 75% of the actual cost for product costs and application costs. Reimbursement payments should be received by **October 31, 2022**. **INCOMPLETE APPLICATIONS WILL BE RETURNED**

To apply for reimbursement, applicants must first:

- Report a grasshopper outbreak or request a survey to find out if treatment is advised.
Online reporting/request form: <https://oda.fyi/GHMC>

And then provide the following:

- A completed application form.
- Itemized invoice marked PAID or receipt for product costs and application costs.
- IRS W-9 form: All applicants must turn in a W-9 regardless of previous reimbursements.
W-9 form is available at: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

INSTRUCTIONS TO APPLY

If you would like to mail the application, please mail it to:

Oregon Department of Agriculture
Grasshopper and Mormon Cricket Cost Share Program
635 Capitol St NE
Salem OR, 97301

If you would like to file electronically:

Step 1: Visit this link online: <https://files.oda.state.or.us/?login=grasshopperSuppression>

If you are not automatically logged in, the username is: occsrp

There is no password. Click Login.

Step 2: Click "Choose Files by Selecting."

Step 3: Select the documents from your computer to attach to your application, see list of documents above for required material. **Note: You can only select one document at a time, please click "Select More Files" to select the next document.**

Step 4: Fill out requested and required information on the upload page (name, business name, etc.).

Step 5: Select the W-9 information box that matches your situation.

Step 6: Certify that you are authorized to submit documents on behalf of the organization.

Step 7: Click "Begin Upload."

You should receive an email with a receipt of your application upload. If you did not receive an email or have questions, please contact us.



Grasshopper and Mormon Cricket Reimbursement Request Individual Application

Reimbursement request must be received before August 1, 2022.

Name to appear on reimbursement check: <i>(name and address must match IRS W-9 form)</i>	
Name:	
Address:	
Contact person:	
Phone:	
Email:	

ODA treatment plan number:	
Total acres treated:	
Product used:	
Cost of product:	
Cost of application:	

REQUIRED ATTACHMENTS:

- Completed IRS form W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Invoice marked PAID or receipt for product costs and application costs

By signing above, I certify that all information is true and accurate.

Signed by: _____

OFFICIAL USE ONLY	PCA 55533 - Object Code 9833
Treated acres:	Reimbursement rate:
Approved payment amount: \$	
Authorized by:	



Grasshopper and Mormon Cricket Reimbursement Request Group Application

Use this form if treating multiple ODA treatment plans or treating on behalf of multiple parties.

Reimbursement request must be received before August 1, 2022.

Name to appear on reimbursement check: <i>(name and address must match IRS W-9 form)</i>		
Name:		
Address:		
Contact person:		
Phone:		
Email:		
ODA treatment plan #:	Name (from treatment plan):	*Acres treated:

Attach additional pages if necessary. * Acres treated means the total number of acres treated under the specific ODA treatment plan number.

Total acres treated: _____ Cost of product \$ _____
 Product used: _____ Cost of application \$ _____

REQUIRED ATTACHMENTS:

- Completed IRS form W-9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>)
- Invoice marked PAID or receipt for product costs and application costs

By signing above, I certify that all information is true and accurate.

Signed by: _____

OFFICIAL USE ONLY	
PCA 55533, Object Code 9833	
Acres:	Rate:
Amount \$	
Authorized by:	

