



## California Department of Food and Agriculture Federal Organic Certification Cost Share Application

To be eligible for reimbursement the operation must have received or renewed organic certification on or between **October 1, 2016 and September 30, 2017**. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity.

**NOTE: You must send, e-mail or fax a copy of your certificate from your certifier, billing, proof of payment and Payee Data Record with your application. Applications without signatures will not be accepted. Applications must be postmarked no later than October 31, 2017. (NO EXCEPTIONS)**

**THIS APPLICATION IS FOR: CERTIFICATION \_\_\_\_\_**  
**California Department of Food and Agriculture Organic Registration Number (if applicable) \_\_\_\_\_**  
**Are you registered with the Department of Public Health? Yes \_\_\_ No \_\_\_ Registration # \_\_\_\_\_**

COMPANY INFORMATION					
Payee Name (Check will be payable to or DBA)		Company Name			
Mailing Address (Check to be mailed to)					
City	State	Zip Code	Primary County of Operation		
Primary Phone Number		Alternate Phone Number			
Fax Number		E-mail Address			
CERTIFICATION INFORMATION					
Name of Certification Agency		Certification Number/Client Code			
Current Date of Certification/Certificate Issued	Application Fee (New Certifications for this Period Only) \$	Annual Certification/Recertification Fee Paid \$			
Inspection Fees Paid \$	Total Amount of Fees Paid for Certification \$				
Scope of Certification (Please check all that apply)					
<input type="checkbox"/> Crops <input type="checkbox"/> Wild Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Processing/Handling					
Operation Types for this Certification (Check all that apply)					
<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor <input type="checkbox"/> Retailer					
SIGNATURE					
<b>Certification By Registrant:</b>					
I certify that the above information is true and correct, and the operation stated above received organic certification or renewal on or between <b>October 1, 2016 and September 30, 2017</b> .					
<i>Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.</i>					
_____		Date ____/____/____			
Certified Operations Signature		month day year			
<b style="color: red;">Mail or e-mail Application and Supporting Documents To:</b> California Department of Food and Agriculture Organic Program/Cost Share Reimbursement 1220 N Street Sacramento, CA 95814 ATTN: Sharon Parsons e-mail: sparsons@cdfa.ca.gov		For Official Use Only			
		Organic ID/Batch Number		Total Reimbursable Amount \$	
		Approved By		Date	

