



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, 2017 and September 30, 2018**. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity.

NOTE: You must mail, e-mail, or fax a copy of the following documents: certificate from your certifier, billing statement, 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, 2018. (NO EXCEPTIONS)

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 payable to or DBA) Must match IRS Records		Company Name	
Mailing Address (Check to be mailed to) Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 (Please check all that apply)			
<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor			
SIGNATURE			
Certification By Registrant:			
I certify that the above information is true and correct, and the operation stated above received organic certification or renewal on or between October 1, 2017 and September 30, 2018 .			
<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	
Mail, e-mail, or fax Application and Supporting Documents To: 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	