

Federal Organic Certification Cost Share Application (ORG-106) Instructions

California Department of Food and Agriculture Organic Registration Number: Enter the 8 digit number assigned by CDFA on your registration certificate. (00-000000)

Are you registered with the California Department of Public Health? If yes, enter the registration number assigned by CDPH on your registration certificate. If not, check NO.

Company Information

Payee Name Box: Enter the name of the company or the name of the individual that the check will be made payable to. **Please note Payee Name must match Payee's Legal Business Name on the STD. 204 Payee Data Record.**

NOTE: On the STD. 204, if **your name or sole proprietor business name** is entered in the Payee's Legal Business Name box, **and your name is in the Sole Proprietor box,** then enter your social security number. All others should enter the Federal Employer Identification Number. See STD. 204 instructions for box 3.

Company Name Box: Enter name of your company. If you entered your name as the Payee in the Payee Name box then enter your Company name. If you do not have a company name but use your own name as the business name then enter your name.

Mailing Address Box: Enter the address where you would like your check mailed. Must match STD. 204 Mailing Address box.

Primary County of Operation Box: Enter the county in which you are Registered Organic.

Primary Phone Number Box: Enter the phone number where you can be reached for any questions.

Alternate Phone Number: Enter the alternate number where you can be reached, or enter N/A.

Fax Number: Enter the fax number that we can use to communicate with you, or enter N/A.

E-mail Address Box: Enter the e-mail that you can be reached at for any questions.

Certification Information

Name of Certification Agency: Enter the name of your third party certifier.

Certification Number/Client Code: Enter the certificate number from your certifier's certificate of compliance.

Current date of Certification/Certificate Issued: For renewals: Enter the current issue date on your certificate, not the original date that you obtained certification. For new: Enter the date that you obtained certification.

Application Fee: Enter the fee paid if you are a NEW applicant for certification only, otherwise enter \$0.

Annual Certification/Recertification Fee: Enter the fees paid for your annual certification fee.

Inspection Fee: Enter the costs incurred for your annual inspection.

Total Amount of Fees Paid for Certification: Enter the total of your application fee, annual fee and inspection fee. (See enclosed **Acceptable/Unacceptable Organic Cost Share Application Fees** for information on what fees can be reimbursed)

Scope of Certification: Check the appropriate box(es) that apply to your scope(s) of certification.

Operation Types for this Certification: Check the appropriate box(es) that apply to your operation(s). (Post Harvest Handling is considered the same as Handling and is acceptable as a scope of work.)

Signature: The application must be signed. The owner or a representative of the company must sign and will be responsible to ensure that the information on the application is true and correct.

Date: Enter the date that the application was completed.