



California Department of Food and Agriculture State Organic Program/Department of Health Services Cost Share Application

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

NOTE: You must send, e-mail or fax a copy of your certificate of registration from the CA Department of Food & Agriculture or CA Department of Health Services, 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)

California Department of Food and Agriculture Organic Registration Number (if applicable) _____
Are you registered with the Department of Public Health? Yes ___ **No** ___ **License #** _____

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		
REGISTRATION INFORMATION			
Name of Registration Agency (Dept. of Food & Ag or Dept. of Health Services)	Registration or License Number		
Expiration Date	Registration Fee Paid (DO NOT include Late Fees or Interest Fees) \$		
Operation Types for this Registration (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 registration or renewal on or between October 1, 2016 and September 30, 2017 . <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>			
_____ Certified Operations Signature			Date ____/____/____ month day year
FOR OFFICIAL USE ONLY			
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		Organic ID/Batch Number	
		<input type="checkbox"/> 75% =	Total Reimbursable Amount \$
		Approved By	