



California Department of Food and Agriculture Federal Organic Certification & State Registration Cost Share Application

To be eligible for reimbursement the operation must have received or renewed federal organic certification on or between **October 1, 2019 and September 30, 2020**. The amount of reimbursement is 50% of certification costs (**maximum of \$500**) per scope of activity.

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN NOVEMBER 2, 2020 (NO EXCEPTIONS)
WITH THE FOLLOWING DOCUMENTS ATTACHED:**

Proof of Certification & Registration; Proof of Payment (MUST show payment made); Payee Data Record form

California Department of Food & Agriculture Registration Number (if applicable) _____

Are you registered with the Department of Public Health? Yes ____ No ____ Registration # _____

1. COMPANY INFORMATION		2. MAILING ADDRESS																						
Payee Name (Check Payable to/DBA) Must match IRS records		Address (Check to be mailed to)																						
Company Name		Building/Suite/Apt #																						
Phone Number	Fax Number	City	State	Zip Code																				
Email Address		Primary County of Operation																						
3. FEDERAL CERTIFICATION INFORMATION		4. STATE ORGANIC REGISTRATION INFORMATION																						
Name of Certification Agency		Name of Registration Agency (Dept. of Food & Ag or Dept. of Public Health)																						
Certification Number/Client Code		Registration or License Number																						
Scope of Certification (Check all the apply) <input type="checkbox"/> Crops <input type="checkbox"/> Processing/Handling <input type="checkbox"/> Wild Crops <input type="checkbox"/> Livestock		Operation Type <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor																						
Certification Date Paid	Total Fees Paid for Certification \$	Registration Date Paid	Registration Fee Paid (No late fees) \$																					
5. SIGNATURE																								
Certification By Applicant: <i>Applications without a signature will not be accepted</i> 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, 2019 and September 30, 2020 . <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 agricultural assistance funds under applicable federal and state law.</i> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;"> _____ Certified Applicant's Signature </div> <div style="width: 30%;"> _____ Certified Applicant's Name </div> <div style="width: 30%;"> Date ____ / ____ / ____ Month Day Year </div> </div>																								
Mail, Fax, or Email Application & Supporting Documents to: California Department of Food and Agriculture ATTN: Organic Program/Cost Share 1220 N Street Sacramento, CA 95814 Fax: 916-900-5347 E-mail: CDFA.ISD_Cost_Share_Program@cdfa.ca.gov		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #d3d3d3;"> <th colspan="4" style="text-align: left; padding: 5px;">For Official Use Only</th> </tr> <tr> <td style="padding: 5px;">Application ID</td> <td style="padding: 5px;">Federal Reimbursement</td> <td colspan="2" style="padding: 5px;">State Reimbursement</td> </tr> <tr> <td style="padding: 5px;">Batch Number</td> <td style="padding: 5px;">\$</td> <td colspan="2" style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">Approved By</td> <td colspan="3" style="padding: 5px;">Total Reimbursement Amount</td> </tr> <tr> <td style="padding: 5px;">Date</td> <td colspan="3" style="padding: 5px;">\$</td> </tr> </table>			For Official Use Only				Application ID	Federal Reimbursement	State Reimbursement		Batch Number	\$	\$		Approved By	Total Reimbursement Amount			Date	\$		
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REFER TO INSTRUCTIONS FOR STRICT PAYEE DATA RECORD FORM REQUIREMENTS