



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, 2022 and September 30, 2023**. The amount of reimbursement is 75% of total certification costs (**maximum of \$750**) per scope of activity. **APPLICATION MUST BE POSTMARKED OR EMAILED NO LATER THAN NOVEMBER 1, 2023 (NO EXCEPTIONS) WITH THE FOLLOWING DOCUMENTS ATTACHED:**

1) Certificate of Federal Certification 2) Invoice of Federal Certification Expenses 3) 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 will 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 (CCOF, QAI or other certifying agency) | | Name of Registration Agency (CDFA or CDPH) | | | | | | | | | | | | | | | | | | | | | | |
| 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: <u><i>Applications without a signature will not be accepted</i></u> 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, 2022 and September 30, 2023 . <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;"> <div style="width: 60%;"> _____ Certified Applicant's Signature </div> <div style="width: 35%;"> Date ____ / ____ / ____ Month Day Year </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | |
| Mail or Email Application & Supporting Documents to: California Department of Food and Agriculture ATTN: Organic Program/Cost Share 1220 N Street Sacramento, CA 95814 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 | \$ | | |
| For Official Use Only | | | | | | | | | | | | | | | | | | | | | | | | |
| Application ID | Federal Reimbursement | State Reimbursement | | | | | | | | | | | | | | | | | | | | | | |
| Batch Number | \$ | \$ | | | | | | | | | | | | | | | | | | | | | | |
| Approved By | Total Reimbursement Amount | | | | | | | | | | | | | | | | | | | | | | | |
| Date | \$ | | | | | | | | | | | | | | | | | | | | | | | |

For information and documents visit the Organic Cost Share Program website at: organic.cdfa.ca.gov