



**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, 2014 and September 30, 2015**. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity. **NOTE: You must send a copy of your certificate, billing, proof of payment and Payee Data Record with your application. This application must be signed. Applications must be postmarked no later than October 31, 2015. (NO EXCEPTIONS)**

**California Department of Food and Agriculture Organic Registration Number:** \_\_\_\_\_  
**Are you registered with the Department of Public Health? Yes** \_\_\_ **No** \_\_\_ **Registration #** \_\_\_\_\_

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	
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 (Check all that apply)			
<input type="checkbox"/> Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Processor	<input type="checkbox"/> Retailer
SIGNATURE			
<b>Certification By Registrant:</b>			
I certify that the above information is true and correct, and the operation stated above received organic certification or renewal on or between <b>October 1, 2014 and September 30, 2015</b> .			
<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	
<b>Mail Application and Supporting Documents To:</b>		<b>For Official Use Only</b>	
California Department of Food and Agriculture Organic Program Cost Share Reimbursement Attn: Sharon Parsons 1220 N Street Sacramento, CA 95814		Organic ID/Batch Number	Total Reimbursable Amount \$
		<input type="checkbox"/> 75% = \$	<input type="checkbox"/> \$750 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,250 <input type="checkbox"/> \$3,000
		Approved By	Date