



**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: Reg # on your CDFA Certificate
Are you registered with the Department of Public Health? Yes ___ **No** ___ Registration # on your CDPH certificate

COMPANY INFORMATION			
Payee Name (Check will be payable to or DBA) <u>no more than 1 name</u> <u>John Doe or John Doe Organics Farms or/ John Doe Incorporated</u>		Company Name <u>Company name or name used as DBA</u>	
Mailing Address (Check to be mailed to) <u>1234 Agriculture Way – same address as on STD. 204 form</u>			
City <u>Anywhere –same address as on STD. 204 form</u>	State <u>CA</u>	Zip Code <u>00000</u>	Primary County of Operation <u>Sacramento</u>
Primary Phone Number <u>Daytime Contact Number</u>		Alternate Phone Number <u>Cell Number or other contact number</u>	
Fax Number <u>If Available</u>		E-mail Address <u>If Available</u>	
CERTIFICATION INFORMATION			
Name of Certification Agency <u>Name of 3rd party certifier</u>		Certification Number/Client Code <u>Number on your actual Certificate</u>	
Current Date of Certification <u>Date of certificate renewal (date issued for this period)</u>	Application Fee (New Certifications for this Period Only) \$ <u>If \$0 please indicate</u>	Annual Certification/Recertification Fee Paid \$ <u>Cost of fees paid for certification not including inspection fees</u>	
Inspection Fees Paid \$ <u>Fees paid for inspection, travel costs, etc</u>	Total Amount of Fees Paid for Certification \$ <u>Total of new application fees, annual fees and inspection fees</u>		
Scope of Certification (Please check all that apply) <u>Scope(s) indicated on certificate</u>			
<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) <u>Operation Type(s) indicated on certificate</u>			
<input type="checkbox"/> Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Processor	<input type="checkbox"/> Retailer
SIGNATURE			
Certification By Registrant:			
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, 2014 and September 30, 2015 .			
<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>			
<u>Must be signed</u>		Date ___/___/___ current date	
Certified Operations Signature		month day year	
Mail Application and Supporting Documents To:		For Official Use Only	
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