625 ROBERT STREET NORTH, SAINT PAUL, MN 55155-2538 WWW.MDA.STATE.MN.US

Agricultural Marketing and Development, Ph: 651-201-6012

2018 - 19 Organic Certification Cost Share Application

For a partial rebate of USDA National Organic Program Certification-related costs. Applications must be postmarked no later than **October 31, 2019.** Applicants who do not wish to apply with MDA may apply through USDA-FSA. See *Frequently Asked Questions* for details about this year's program rules.

			Vendor #:			
First Name: Last Name:					Phone:	
Farm or Company Name:			Email:			
Mailing Address:			City:		State:	Zip:
Physical Address:			City:		State:	Zip:
Cer	tifying Agency:				•	
Cat	egories of Certification - Check all that apply (refer to your	certificate): Cr	ор	Livestock Ha	andler / Process	sor Wild Crop
Hav	re you submitted an application through USDA - Farm Servi	ice Agency (FSA)?	Υ	es No		
1)	Is your operation currently certified organ			NO (If no, you do not o	qualify for t	this program)
2)	Are you certified by any of the following?			/hat to Submit		
	a) CCOF Certification Servicesb) International Certification Service (ICS)		1) 2)	Application form IRS Form W-9		
	c) Midwest Organic Services Association (MOSA)		۷)	(Don't send any other items. Your certifier has agreed to send		
	d) Minnesota Crop Improvement Association	•		all necessary information		
	e) Nature's International Certification Service (NICS)		NO - What to Submit			
	f) Organic Crop Improvement Association (OCIA)			Application form		
	g) Quality Assurance International (QAI)		2)	IRS Form W-9		
	h) Washington State Dept. of Ag Organic Pro	ogram	3)	Proof of new or continuin certificate or letter from o		on (copy of your curren
			4)	Itemized invoices/stateme payments made between worksheets and cancelled	10/1/18 and	d 9/30/19. Self-comple
I he	ereby attest that the information I am sub	mitting is true	, con	nplete, and accurate.		
Арр	licant Signature			Date		
we '	e: We are requesting IRS Form W-9 in order to will be unable to process your claim without it.	No one will hav	e acc	ess to your social security n	umber exce	pt those permitted

To Be Completed by Minnesota Department of Agriculture

Categories

Total Claim Reimbursement \$

x 75% = \$

Claim Approved ___Claim Denied Reason:

Total Eligible Costs \$