

AGRICULTURAL MARKETING AND DEVELOPMENT Phone: 651-201-6012

2025 MINNESOTA TRANSITION TO ORGANIC PROGRAM

IF you are a farmer in transition to organic, we will reimburse up to 75% of some costs associated with transition. The maximum payment is \$750/year for up to three years. To qualify, you must live and farm in Minnesota and you cannot own or operate any already-certified organic land. You must provide a document from a USDA-accredited organic certification agency confirming that you are in transition status and that you had a practice on-farm inspection between 01/01/25 and 12/31/25. **You can apply at any time, but applications for the 2025 program must be postmarked by Feb. 14, 2026.** If you achieve certification on or before 9/30/25, you do not qualify for this program, but you can apply for the Organic Certification Cost Share Program instead. Call 651-201-6012.

First Name/MI _____ Last Name _____ Phone _____

Type of Operation Crop Livestock Both Email _____

Mailing Address _____ City _____ State _____ Zip _____

Name of Organic Certifying Agency You Are Working With _____

Date of Your Practice On-Farm Inspection _____

Do you own or operate any land that is already certified organic? Yes No

Which of the following eligible costs did you pay between 01/01/25 and 12/31/25? Be sure to provide copies of paid receipts (or invoice and cancelled check).

Item	Cost
Certifier costs (e.g., application, review, inspection)	\$
Soil tests	\$
Registration fee for up to two people from the farm to attend one of the following conferences: Minnesota Organic, Marbleseed Organic, Iowa Organic, Northern Plains Sustainable Agriculture Society. Who attended? (names)	\$

Enclose

1. A letter or other document from your certifying agency that verifies you are in transition and had an on-farm practice inspection between 01/01/25 and 12/31/25.
2. Receipts (or invoice + cancelled check) for any costs listed above.
3. Completed IRS Form W-9.

Note: We are requesting IRS Form W-9 in order to issue a payment to you. You are not legally required to give us this information, but we will be unable to process your claim without it. No one will have access to your social security number except those permitted access by law, by your written consent, by a court order, or by those department employees whose job duties require access.

I hereby attest that the information submitted on and with this form is true, complete, and accurate.

Applicant Signature _____ Date _____

To be completed by Minnesota Department of Agriculture PO # _____ Vendor # _____

Claim approved. Claim is complete and claimant was determined to meet all program eligibility requirements.

Claim denied. Reason: _____

Reviewed By: _____ Total Eligible Costs \$ _____ x 75% = \$ _____ Total Claim Reimbursement \$ _____