

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

2017 - 18 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, 2018**. 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:	
Certifying Agency:				
Categories of Certification - Check all that apply (refer to your certificate):	Crop	Livestock	Handler / Processor	Wild Crop
Have you submitted an application through USDA - Farm Service Agency (FSA)?	Yes	No		

- 1) Is your operation currently certified organic?** YES NO (If no, you do not qualify for this program)
- 2) Are you certified by any of the following?** **YES - What to Submit**
- | | |
|---|---|
| <ul style="list-style-type: none"> a) CCOF Certification Services b) Ecocert ICO LLC c) International Certification Service (ICS) d) Midwest Organic Services Association (MOSA) e) Minnesota Crop Improvement Association (MCIA) f) Nature's International Certification Service (NICS) g) Organic Crop Improvement Association (OCIA) h) Quality Assurance International (QAI) i) Washington State Dept. of Ag Organic Program | <ul style="list-style-type: none"> 1) Application form 2) IRS Form W-9 <p>(Don't send any other items. Your certifier has agreed to send all necessary information directly to the MDA.)</p> <p>NO - What to Submit</p> <ul style="list-style-type: none"> 1) Application form 2) IRS Form W-9 3) Proof of new or continuing certification (copy of your current certificate or letter from certifier). 4) Itemized invoices/statements from your certifier that show payments made between 10/1/17 and 9/30/18. Self-completed worksheets and cancelled checks are not acceptable. |
|---|---|

I hereby attest that the information I am submitting is true, complete, and accurate.

Applicant Signature _____

Date _____

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.

To Be Completed by Minnesota Department of Agriculture

___ Claim Approved ___ Claim Denied Reason:

Total Eligible Costs \$ _____ x 75% = \$ _____ Categories _____ Total Claim Reimbursement \$ _____