



CCOF

Organic Certification Trade Association Education & Outreach Political Advocacy

Programa para Reembolsar los Costos de Certificación Orgánica

El USDA (United States Department of Agriculture) ha distribuido fondos a varios programas orgánicos estatales para reembolsar empresas que ha logrado a la certificación orgánica. Empresas elegibles pueden recibir hasta 75% de sus costos de certificación orgánica, con un máximo de \$750 en cada año. Cualquiera empresa que ha logrado a la certificación orgánica entre 1 octubre 2009 y 30 septiembre 2010 es elegible para solicitar un reembolso.

Para recibir los fondos es importante que su aplicación sea completa e incluye la información y documentación completa que se pide. Como un servicio para clientes de CCOF, hemos desarrollado esta guía para ayudarle a solicitar estos fondos. Favor de seguir los pasos abajo con cuidado.

Paso **Como obtener los fondos (empresas ubicadas en CA):**

- 1. Llenar y firmar la solicitud del CDFA, "Federal Organic Certification Cost Share Application." Hay que mandar la copia original y firmada en tinta – no mande al CDFA una copia o fax.
- 2. Juntar la documentación siguiente: una copia de su certificado orgánico y copias de todos los invoices/facturas para costos de la certificación (como la inspección anual, el pago anual de certificación, la tarifa de aplicación, etc). **Si no tiene copias de todos los invoices/facturas, CCOF le puede ayudar – complete y devuelve a CCOF el formato "Request for Verification of CCOF Certification Costs 2009-2010." Dentro de 14 días CCOF le regresará este formato con un resumen de los costos que ha pagado. Incluye este documento con su solicitud al CDFA.**
- 3. Llenar el formato "Payee Data Record (STD. 204)" que también es requerido por CDFA junto con la solicitud. Asegúrese que el nombre y apellido que incluye en este formato es el mismo que ha incluido en la solicitud.
- 4. Determinar cuando sería el mejor momento para solicitar los fondos para obtener el reembolso máximo. El reembolso máximo es \$750 o hasta 75% de sus costos de certificación orgánica, incluyendo las tarifas de aplicación y certificación **y los costos de inspecciones**. El CDFA no se aceptará más de una solicitud de cada empresa en cada año. Si ya ha tenido costos en 2010 de \$1000 o mas, debe mandar su solicitud inmediatamente. Si sus costos todavía están menos de \$1000 debe considerar si sería mejor mandar la solicitud inmediatamente o esperar hasta pagar el costo de la inspección también antes de mandar la solicitud. Siempre recuerde que **el plazo para solicitar los fondos es 30 noviembre 2010**.
- 5. Mandar a CDFA toda la documentación que se describe arriba: la solicitud, el formato "Payee Data Record," la copia de su certificado, y la documentación de los costos que ha pagado. Asegúrese que su aplicación esté completa: CDFA no va a aceptar aplicaciones incompletas. **NO MANDE ESTA INFORMACION A CCOF – MANDELA DIRECTAMENTE A CDFA:**

CDFA Organic Program
Cost Share Reimbursement – Attn: Sharon Parsons
1220 N Street
Sacramento, CA 95814

Para asistencia, ponerse en contacto con Sharon Parsons, sparsons@cdfa.ca.gov o Dave Carlson, dcarlson@cdfa.ca.gov. Si está ubicada en otro estado afuera de California, favor de visitar a www.ams.usda.gov/nop o ponerse en contacto con claudia@ccof.org. **Empresas ubicadas afuera de los Estados Unidos no son elegibles para este programa.**



**California Department of Food and Agriculture
 Federal Organic Certification Cost Share Application**

To be eligible for reimbursement the operation must have received organic certification on or between **October 1, 2009 and September 30, 2010**. The amount of reimbursement is 75% of certification costs (maximum of \$750). **NOTE: You must attach a copy of your certification, billing, and proof of payment to your application.**

PRODUCER/HANDLER IDENTIFICATION			
First Name and/or Company Name		M.I.	Last Name
Address			
City	County	State	Zip Code
CA Organic Registration Number	Social Security Number or Employer Identification Number (EIN)		
Phone Number	Fax Number	Email Address	

CERTIFICATION INFORMATION		
Name of Certification Agent		Certification Number/Client Number
Issue Date of Certification	Application Fee Paid \$	Annual Fee Paid \$
Inspection Fee Paid \$	Total Amount of Fees Paid for Certification \$	

SIGNATURE
<p>Certification By Producer: I certify that the above information is true and correct, and the operation stated above received organic certification on or between October 1, 2009 and September 30, 2010. (This must be an original signature not a copy)</p> <p><i>Notice of Penalties: 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></p> <p>_____ Date ____/____/____ Certified Operations Signature month day year</p>

Mail Application and Supporting Documents To: California Department of Food and Agriculture Organic Program Cost Share Reimbursement- Attn: Sharon Parsons 1220 N Street Sacramento, CA 95814	For Official Use Only	
	Application Number	Reimbursable Costs From Invoice \$
	<input type="checkbox"/> 75% = \$	<input type="checkbox"/> \$750
	Approved By	Date



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Request for Verification CCOF Certification Costs: 2009-2010

CCOF wants to help you receive State of California certification cost share funds. All applications to CDFA must include verification of certification and fees paid. **If you have copies of invoices and your certificate, you do not need to complete this form.**

However, if you need information from CCOF for your application, please complete the following and submit it to CCOF by email to ccof@ccof.org, fax: 831-423-4528 or mail to: 2155 Delaware Ave., Suite 150, Santa Cruz, CA 95060. CCOF will complete and return it within 14 days for inclusion with your CDFA Certification Cost Share application. CDFA applications are available from CCOF at www.ccof.org/costshare.php.

TO RECEIVE CERTIFICATION COST SHARE FUNDS YOU MUST COMPLETE THE CDFA APPLICATION AND SUBMIT IT TO CDFA DIRECTLY.

Good luck and thank you for your support of CCOF.

TO BE COMPLETED BY CCOF CLIENT

Operation Name: _____ Client Code: _____

Your Name _____

Please return to me by (SELECT ONE):
 Email:
 Fax:
 Mail:

CCOF USE ONLY. CERTIFICATION & COST VERIFICATION:

Certification costs paid between October 1, 2009 and September 30, 2010

Application Fee Paid (Does not include expedited fees): _____

Annual Fee Paid (Does not include GMA or finance charges. Does include facility, complexity fees): _____

Inspection Fee Paid: _____

Total Fees Paid for Certification: _____

This operation is currently certified by CCOF under the USDA NOP 7 CFR Part 205.

Issue Date of Certification: _____

CCOF Signature Name Date

PAYEE DATA RECORD

STD. 204 (REV. 2-99 (REVERSE))

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a “resident” if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term “resident” includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711

From outside the United States, call.....1-916-845-6500

For hearing impaired with TDD, call....1-800-822-6268

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.