



**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