

Cost Share Application Checklist for USDA Federal Organic Certification & State Registration

PLEASE NOTE: There is now a combined application for the USDA Federal Organic Certification and State Registration Cost Share reimbursement.

EACH APPLICANT MUST PROVIDE THE FOLLOWING:

1. Federal Organic Certification & State Registration Cost Share form

- Application is complete and signed.

2. Proof of Certification and Registration

- A copy of a valid certificate or other proof of certification issued by your certifier is attached; *this can be a cost share summary from your certifier.*
- If registered with CDPH, proof of Registration is included.
- If registered with CDFA, proof of registration is NOT REQUIRED.

3. Proof of payments made between October 1, 2019 - September 30, 2020

- A paid invoice or other proof of payment made for certification is included; *this can be a cost share summary from your certifier. (Invoice with due balance will not be accepted.)*
 - Only payments for New Application Fees, Annual Renewal Fees, and Inspection Fees can be reimbursed.
- If registered with CDPH, a paid invoice or other proof of payment made for registration is included. **(Invoice with due balance will not be accepted.)**
- If registered with CDFA, proof of payment is NOT REQUIRED.

4. Completed Payee Data Record Form (STD 204)

- Information provided on Payee Data Record match IRS tax records.
- Payee Data Record - Section 3 either the FEIN or SSN/ITIN is provided. **PROVIDE ONE NUMBER ONLY. If more than one number is provided Payee Date Record cannot be accepted.**
- If there has been a change to the filing type in Section 3. **Justification for the change is included.**
- Payee Date Record form has been signed. **If SSN or Sole Proprietor number is provided, that individual must sign the form.**



Department of Food & Agriculture
Attn: Organic Program/Cost Share
1220 N Street
Sacramento, CA 95814



916.900.5202



[http://www.cdfa.ca.gov/is/
organicprogram/costshare.html](http://www.cdfa.ca.gov/is/organicprogram/costshare.html)



CDFA.ISD_Cost_Share_Program@cdfa.ca.gov



California Department of Food and Agriculture Federal Organic Certification & State Registration Cost Share Application

To be eligible for reimbursement the operation must have received or renewed federal organic certification on or between **October 1, 2019 and September 30, 2020**. The amount of reimbursement is 50% of certification costs (**maximum of \$500**) per scope of activity.

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN NOVEMBER 2, 2020 (NO EXCEPTIONS)
 WITH THE FOLLOWING DOCUMENTS ATTACHED:**

Proof of Certification & Registration; Proof of Payment (MUST show payment made); Payee Data Record form

California Department of Food & Agriculture Registration Number (if applicable) _____

Are you registered with the Department of Public Health? Yes ___ No ___ Registration # _____

1. COMPANY INFORMATION		2. MAILING ADDRESS		
Payee Name (Check Payable to/DBA) Must match IRS records		Address (Check to be mailed to)		
Company Name		Building/Suite/Apt #		
Phone Number	Fax Number	City	State	Zip Code
Email Address		Primary County of Operation		
3. FEDERAL CERTIFICATION INFORMATION		4. STATE ORGANIC REGISTRATION INFORMATION		
Name of Certification Agency		Name of Registration Agency (Dept. of Food & Ag or Dept. of Public Health)		
Certification Number/Client Code		Registration or License Number		
Scope of Certification (Check all the apply)		Operation Type		
<input type="checkbox"/> Crops <input type="checkbox"/> Processing/Handling <input type="checkbox"/> Wild Crops <input type="checkbox"/> Livestock		<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor		
Certification Date Paid	Total Fees Paid for Certification	Registration Date Paid	Registration Fee Paid (No late fees)	
	\$		\$	
5. SIGNATURE				
Certification By Applicant: <i>Applications without a signature will not be accepted</i> I certify that the above information is true and correct, and the operation stated above received organic certification or renewal on or between October 1, 2019 and September 30, 2020 . <i>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 agricultural assistance funds under applicable federal and state law.</i>				
_____		_____		Date _____ / _____ / _____
Certified Applicant's Signature		Certified Applicant's Name		Month Day Year
Mail, Fax, or Email Application & Supporting Documents to:		For Official Use Only		
California Department of Food and Agriculture ATTN: Organic Program/Cost Share 1220 N Street Sacramento, CA 95814 Fax: 916-900-5347 E-mail: CDFA.ISD_Cost_Share_Program@cdfa.ca.gov		Application ID	Federal Reimbursement	State Reimbursement
		Batch Number	\$	\$
		Approved By	Total Reimbursement Amount	
		Date		

REFER TO INSTRUCTIONS FOR STRICT PAYEE DATA RECORD FORM REQUIREMENTS

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

1	<p>INSTRUCTIONS: Type or print the information. Complete all information on this form. Sign, date, and return to the state agency (department/office) address shown in Box 6. Prompt return of this fully completed form will prevent delays when processing payments.</p> <p>Information provided in this form will be used by California state agencies to prepare Information Returns (Form1099). See next page for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, i.e. federal, state, and local (including school districts), are not required to submit this form.</p>					
2	BUSINESS NAME (As shown on your income tax return)					
	SOLE PROPRIETOR, SINGLE MEMBER LLC, INDIVIDUAL (Name as shown on SSN or ITIN) Last, First, MI				E-MAIL ADDRESS	
	MAILING ADDRESS			BUSINESS ADDRESS		
	CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> PARTNERSHIP</p> <p><input type="checkbox"/> ESTATE OR TRUST</p> <p>CORPORATION:</p> <p><input type="radio"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.)</p> <p><input type="radio"/> LEGAL (e.g., attorney services)</p> <p><input type="radio"/> EXEMPT (nonprofit)</p> <p><input type="radio"/> ALL OTHERS</p>					<p>NOTE: Payment will not be processed without an accompanying taxpayer identification number.</p>
PAYEE ENTITY TYPE CHECK ONE BOX ONLY	<p><input type="checkbox"/> SOLE PROPRIETOR, INDIVIDUAL, OR SINGLE MEMBER LLC (Disregarded Entity)</p> <p>ENTER SSN OR ITIN: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><i>Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) are required by authority of California Revenue and Tax Code sections 18646 and 18661</i></p>					
4	<p><input type="checkbox"/> CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> CALIFORNIA NON RESIDENT (see next page for more information) - Payments to nonresidents for services may be subject to state income tax withholding.</p> <p><input type="radio"/> No services performed in California.</p> <p><input type="radio"/> Copy of Franchise Tax Board waiver of state withholding attached.</p>					
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.</p>					
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE		TELEPHONE (include area code)	
	SIGNATURE		DATE		E-MAIL ADDRESS	
6	Please return completed form to:					
	DEPARTMENT/OFFICE CA DEPARTMENT OF FOOD AND AGRICULTURE			UNIT/SECTION INSPECTION & COMPLIANCE-ORGANIC COST SHARE PROGRAM		
	MAILING ADDRESS 1220 N STREET			TELEPHONE (include area code) 916-900-5202		FAX 916-900-5347
	CITY SACRAMENTO	STATE CA	ZIP CODE 95814	E-MAIL ADDRESS CDFA.ISD_Cost_Share_Program@cdfa.ca.gov		

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

1	<p>Requirement to Complete the Payee Data Record, STD 204</p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).</p>
2	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the address of the business' physical location.</p>
3	<p>Check only one box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.</p> <p>Payees must provide one of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p>
4	<p>Are you a California resident or nonresident?</p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and 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 that 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.</p> <p>Payments to all nonresidents may be 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 \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
6	This section must be completed by the state agency requesting the STD 204.

Privacy Statement

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their 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.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup 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.

All questions should be referred to the requesting state agency listed on the bottom front of this form.