



CCOF

Organic Certification Education & Outreach Political Advocacy Promotion

A Refund of Organic Certification Fees The Organic Certification Cost Share Program

Apply for to the National Organic Certification Cost Share Program (cost share) today and receive a full or partial refund for your organic certification fees.

Cost share helps farmers and processors afford organic certification by refunding up to 75% of their certification costs per NOP scope of organic certification, with a maximum of \$750 per scope. Eligible scopes include: crops, wild crops, livestock, processing/handling, and California State Organic Program registration fees (for operations located in California).

Any operation that is located within the United States and received organic certification between October 1, 2017 and September 30, 2018 may apply for reimbursement. Operations with more than one certification scope may be eligible for more than one refund.

Apply for Cost-Share Funds in California*:

The application deadline is October 31, 2018.

Collect and complete the following documents:

- Federal Organic Cost Share application (ORG-106)
- California State Organic Program Cost Share application (ORG-106a)
- Payee Data Record Form (STD 204)
- Copy of your organic certificate
- Proof of payment - [CCOF offers a Verification of Costs](#)

If you request a CCOF verification of costs, allow up to 14 days for to complete your request.

Submit completed applications to:

sparsons@cdfa.ca.gov

Department of Food and Agriculture Organic Cost Share Program
ATTN: Sharon Parsons
1220 N Street
Sacramento, CA 95814

Application Postmark Deadline for 2018: October 31, 2018

DO NOT SEND APPLICATIONS TO CCOF

For questions on your Cdfa application, contact Sharon Parsons at sparsons@cdfa.ca.gov or (916) 900-5202

*For information on how to apply for cost share reimbursement in other states, find your state's cost share contact at www.fsa.usda.gov/programs-and-services/occsp/index, and ask about application procedures and deadlines in your state.





February 16, 2018

TO: ALL COUNTY AGRICULTURAL COMMISSIONERS
ACCREDITED CERTIFYING AGENTS OPERATING IN CALIFORNIA
ALL CALIFORNIA ORGANIC REGISTRANTS

**RE: NATIONAL ORGANIC CERTIFICATION COST SHARE PROGRAM
APPLICATION PACKET FOR THE PERIOD 2017/2018**

The Farm Service Agency (FSA), on behalf of the Commodity Credit Corporation (CCC) has announced the availability of funding for the fiscal year (FY) 2018 for the Organic Certification Cost Share Program (OCCSP) for eligible certified organic producers and handlers to assist with the cost of organic certification under the National Organic Certification Cost Share Program.

The California Department of Food and Agriculture (CDFA) will be distributing reimbursement to operations that have been certified by a USDA accredited certifying agent, and for registration fees paid to the CDFA State Organic Program (SOP), and/or the California Department of Public Health (CDPH) for Organic Processed Product Registration. In addition, applicants may now apply in person at any California office of the Farm Service Agency. More information is available at <https://www.fsa.usda.gov/programs-and-services/occsp/index>.

The National Organic Program (NOP) currently recognizes four scopes of certification: crops, wild crops, livestock, and processing/handling. **In addition to these four scopes, applications will be accepted for reimbursement of SOP/CDPH Organic registration fees.** Eligible entities will be reimbursed up to 75 percent of their organic certification costs, and SOP/CDPH fees; not to exceed \$750 per scope. Any organic operation in California that has received or renewed organic certification and SOP/CDPH registration on or between **October 1, 2017 and September 30, 2018** may apply for reimbursement. **Applications must be postmarked no later than October 31, 2018. There will be no exceptions.**

PLEASE NOTE: There are 2 separate applications. See instructions below for each application.

1. Federal Certification Application

In order to receive certification reimbursement, applicants must submit a **completed Federal Organic Certification Cost Share Application (ORG-106)**, a copy of your certificate, copies of associated paid expense invoices required to obtain and/or maintain certification, and a completed Payee Data Record Form (STD 204).

2. State Organic Registration Application/State Organic Processed Product Application

In order to receive State Organic Registration/Department of Health Services Organic Processed Product Registration (OPPR) reimbursement, **applicants must submit a completed State Organic Program/Department of Public Health Cost Share Application (ORG-106a)**, a copy of your current registration certificate, proof of payment of registration fees/copy of OPPR renewal application, and a completed Payee Data Record Form (STD 204).

See reverse side for Payee Data Record instructions, mailing instructions, on-line link, and contact information.



Payee Data Record instructions, mailing instructions, on-line link, and contact information

Information provided on the Payee Data Record must match IRS records. If a change was made to the business name, entity type or FEIN number from the prior year, a letter is required, preferably on company letterhead, stating that this information has changed. Please include the DBA (Doing Business As), if applicable. If you are a sole proprietor YOU must sign the form. No one else may sign for you.

DO NOT cross off or white out any information or your Payee Data Record will not be accepted.

Applications will be processed on a first come, first serve basis. Incomplete or inaccurate applications will be returned and must be resubmitted.

To ensure receipt of your application(s) it is recommended that you send them certified mail.

Submit completed applications to:

Department of Food and Agriculture
Organic Cost Share Program
ATTN: Sharon Parsons
1220 N Street
Sacramento, CA 95814
sparsons@cdfa.ca.gov

Electronic copies of this letter and supporting material can be found at the following Internet address: http://www.cdfa.ca.gov/is/i_&_c/organic.html under Cost Share Application.

For additional information, please contact Sharon Parsons at (916) 900-5202 or by e-mail at sparsons@cdfa.ca.gov.

Sincerely,

Sharon Parsons

Sharon Parsons
Program Coordinator
California Organic Cost Share Program

Enclosures



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

To be eligible for reimbursement the operation must have received or renewed organic certification on or between **October 1, 2017 and September 30, 2018**. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity.

NOTE: You must mail, e-mail, or fax a copy of the following documents: certificate from your certifier, billing statement, proof of payment, and Payee Data Record with your application. Applications without signatures will not be accepted. Applications must be postmarked no later than October 31, 2018. (NO EXCEPTIONS)

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

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

COMPANY INFORMATION			
Payee Name (Check payable to or DBA) Must match IRS Records		Company Name	
Mailing Address (Check to be mailed to) Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>			
City	State	Zip Code	Primary County of Operation
Primary Phone Number		Alternate Phone Number	
Fax Number		E-mail Address	
CERTIFICATION INFORMATION			
Name of Certification Agency		Certification Number/Client Code	
Current Date of Certification/Certificate Issued	Application Fee (New Certifications for this Period Only) \$	Annual Certification/Recertification Fee Paid \$	
Inspection Fees Paid \$	Total Amount of Fees Paid for Certification \$		
Scope of Certification (Please check all that apply)			
<input type="checkbox"/> Crops <input type="checkbox"/> Wild Crops <input type="checkbox"/> Livestock <input type="checkbox"/> Processing/Handling			
Operation Types for this Certification (Please check all that apply)			
<input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor			
SIGNATURE			
Certification By Registrant:			
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, 2017 and September 30, 2018 .			
<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 agriculture assistance funds under applicable federal and state law.</i>			
_____		Date ____/____/____	
Certified Operations Signature		month day year	
For Official Use Only			
Mail, e-mail, or fax Application and Supporting Documents To: California Department of Food and Agriculture Organic Program/Cost Share Reimbursement 1220 N Street Sacramento, CA 95814 ATTN: Sharon Parsons e-mail: sparsons@cdfa.ca.gov		Organic ID	Batch Number
		Total Reimbursable Amount \$	
		Approved By	Date

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not 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 backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>								
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>								
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. 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 California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>								
4	<p><u>Are you a California resident or nonresident?</u></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:</p> <table data-bbox="159 1371 1409 1430"> <tr> <td>Withholding Services and Compliance Section:</td> <td>1-888-792-4900</td> <td>E-mail address:</td> <td>wscs.gen@ftb.ca.gov</td> </tr> <tr> <td>For hearing impaired with TDD, call:</td> <td>1-800-822-6268</td> <td>Website:</td> <td>www.ftb.ca.gov</td> </tr> </table>	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
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5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>								
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>								
	<p><u>Privacy Statement</u></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>								

**NOTE: This application is for State Registration fees only.
 Do not use for certification fees.**



**California Department of Food and Agriculture
 State Organic Program/Department of Public Health Cost Share Application**

To be eligible for reimbursement the operation must have received or renewed organic registration on or between *October 1, 2017 and September 30, 2018*. The amount of reimbursement is 75% of registration costs (maximum of \$750).

NOTE: You must send, e-mail or fax a copy of your certificate of registration from the CA Department of Food & Agriculture or CA Department of Health Services, renewal application, proof of payment and Payee Data Record with your application. Applications without signatures will not be accepted. Applications must be postmarked no later than October 31, 2018. (NO EXCEPTIONS)

California Department of Food and Agriculture Organic Registration Number (if applicable) _____
Are you registered with the Department of Public Health? Yes ___ No ___ License # _____

COMPANY INFORMATION			
Payee Name (Check payable to/DBA) Must match IRS Records		Company Name	
Mailing Address (Check to be mailed to)		Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>	
City	State	Zip Code	Primary County of Operation
Primary Phone Number		Alternate Phone Number	
Fax Number		E-mail Address	
REGISTRATION INFORMATION			
Name of Registration Agency (Dept. of Food & Ag or Dept. of Health Services) DO NOT USE CERTIFIER		Registration or License Number	
Expiration Date		Registration Fee Paid (DO NOT include Late Fees or Interest Fees) \$	
Operation Types for this Registration (Check all that apply) <input type="checkbox"/> Producer <input type="checkbox"/> Handler <input type="checkbox"/> Processor			
SIGNATURE			
Certification By Registrant:			
I certify that the above information is true and correct, and the operation stated above received organic registration or renewal on or between October 1, 2017 and September 30, 2018 .			
<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 agriculture assistance funds under applicable federal and state law.</i>			
_____		Date ____/____/____	
Certification Operations Signature		month day year	
FOR OFFICIAL USE ONLY			
Send, e-mail or fax Application and Supporting Documents To: California Department of Food and Agriculture Organic Program/Cost Share Reimbursement 1220 N Street Sacramento, CA 95814 Attn: Sharon Parsons e-mail: sparsons@cdfa.ca.gov Fax: 916-900-5347	Organic ID		Batch Number
	Total Reimbursable Amount		\$
	Approved By		

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