



Florida Certified Organic Growers & Consumers, Inc. (FOG)
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Florida Organic Certification Cost Share Application

The USDA has reauthorized the Organic Certification Cost Share program through the passage of the 2008 Farm Bill. The Certification Cost Share Program is designed to assist organic processors, handlers, growers, and livestock producers certified by a USDA NOP accredited certifier. Qualified organic operations are eligible for reimbursement of 75% of the costs of organic certification up to a maximum of \$750.00 per eligible entity. Reimbursement funds will be issued on a first-come, first-served basis until funds are depleted. The period covered is for certification costs paid between October 1, 2008 and September 30, 2009. The deadline for submitting applications is October 15, 2009.

A qualified applicant is an operation located in Florida which:

1. Has an organic certificate issued by a USDA accredited certifier effective between Oct. 1, 2008 and Sept. 30, 2009;
2. Has not previously received a USDA NOP certification cost share reimbursement for the period requested;
3. **Completes each item and signs the application;**
4. Includes with the application: **Verification of certification costs** incurred from their USDA accredited certifier which clearly discloses and itemizes the costs of certification paid during the year for which reimbursement is requested;
5. Includes with the application: A completed and signed **IRS Form W-9** (available at www.irs.gov) (reimbursement checks will be made payable to the entity listed on the W-9); and
6. Includes with the application: A **copy of their organic certificate** and relative documentation verifying certification status during the year for which reimbursement is requested.

Certified Operation: _____

Contact Person (for questions about this application): _____

Operation Address: _____

Mailing Address (if different): _____

Phone #(s): _____

Fax: _____

Email: _____

USDA Accredited Certifier:

Have you included a copy of your USDA NOP organic certificate? _____ If certifier will be providing this, name of certifier: _____.

Have you included a statement from your accredited certifier, verifying certification expenses paid for the period requested? _____ If certifier will be providing this, name of certifier: _____.

Have you completed and included the W-9 form? _____ (please enter only one Tax ID number)

Do you recognize that only certification fees paid between Oct. 1, 2008 and Sept. 30, 2009 are eligible for reimbursement? _____

I hereby affirm that neither I nor this operation has previously received USDA NOP certification cost share reimbursement for the year in which reimbursement is requested.

Signature of Applicant or Authorized Representative

Printed Name of Applicant or Authorized Representative

Position / Title

Applicant Mailing Address (if different from the operation's)

Applicant Phone Number (if different from the operation's)

Date

Please send this completed form and required documents to: "Attn: Cost Share" at the address on the top of this application. For questions or assistance, contact Sharon Larsen, Director of Operations.