



Florida Certified Organic Growers & Consumers, Inc.
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**APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT
 FLORIDA COST-SHARE PROGRAM**

Applications should be postmarked by October 31, 2017; Checks will be made payable to the name and address submitted on the W9 form. To be eligible for reimbursement the operation must have received or renewed organic certification on or between October 1, 2016 and September 30, 2017. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity. The following costs may not be reimbursed through the program: late fees; inspections due to violations of NOP regulations; any charges related to certifications other than USDA Organic; transitional certifications; materials and supplies; equipment. NOTE: You must send a copy of your certificate, proof of payment, and billing with your application. This application must be signed. Applications must be postmarked no later than October 31, 2017.

THE FOLLOWING INFORMATION MUST BE INCLUDED:

- **THIS APPLICATION AS COVERSHEET**
- **CERTIFICATION COSTS - RECEIPTS OF PAYMENT**
- **COMPLETED W9**
- **COPY OF ORGANIC CERTIFICATE**

APPLICANT INFORMATION

CHECK ALL THAT APPLY

Certification Type: Producer (farmer) Handler/Processor

Certification Scope: Crops Wild Crops Livestock Processing/Handling

Name of Farm/Operation
(if applicable) _____

Name of Applicant _____

Business Address _____

Number & Street	City	State	Zip Code
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Mailing Address
(if different) _____

Number & Street	City	State	Zip Code
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Phone Number _____ Fax Number _____

Email Address _____

Certifying Agent:
(Company Name) _____

Applicant Signature†* _____

Date _____ *Please make sure the signature on the application matches that on the W9

†By signing this form I confirm I have not applied for Cost Share funds for the 2016-2017 fiscal year through any other means.

For Administrative Use Only

Approval Date: _____ Reimbursement Amount: _____ Proof of Certification: _____
 Approved By: _____ Signature: _____