

Scope: Producer _____	Handler _____
Federal Grant Agreement: AMA-2017 _____ NOCCSP-2017 _____	

**Federal Organic Certification Cost Share Application**

To be eligible for reimbursement the operation must have received organic certification between **October 1, 2016 and September 30, 2017**. The amount of reimbursement is 75% of certification costs (maximum of \$750).  
***Applications must be received no later than October 15, 2017***

PRODUCER/HANDLER INFORMATION				
First Name	M.I.	Last Name		
Company/ Farm Name				
Address				
City	County	State	Zip code	
Phone Number	Email Address		Certifying Agent (i.e. NHDAMF)	

CERTIFICATION INFORMATION					
Certificate #	Scope (Crop/Livestock/Handler)	Issue Date of Certification	Certification Fee	Inspection Fee	Other Costs**
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>NOTE: You must attach evidence of the following requirements:</b>				<b>Total of all boxes =</b> \$	
1.) Certification under the National Organic Program 2.) Itemized receipt of allowable costs paid within grant period 3.) W-9 Tax form with any updated information				<i>**Other eligible costs may include: fees for soil tests, compos analysis tests, forage analysis tests, and/or fees for copying required documentation used to determine NOP compliance</i>	

ATTESTATION
I certify that the above information is true and correct, and the operation stated above received organic certification during the period <b>October 1, 2016 and September 30, 2017</b> .
_____ Certified Producer/Handler Signature
_____ Date

<b>Mail Application and Supporting Documents To:</b>  NH Dept of Agriculture, Markets & Food Organic Cost Share Program PO Box 2042 Concord NH 03302-2042	<b>For Official Use Only</b>		
	Reimbursable Costs From Total Fees Paid	<input type="checkbox"/> X 75% =	<input type="checkbox"/> \$750
	<b>Approved By</b>		<b>Date</b>
<b>Account #:</b>			