

Federal Agreement # \_\_\_\_\_

Handlers \_\_\_\_\_ Crop/Lvstk \_\_\_\_\_

**Federal Organic Certification Cost Share Application**

To be eligible for reimbursement the operation must have received organic certification between **October 1, 2015 and September 30, 2016**. The amount of reimbursement is 75% of certification costs (maximum of \$750).

PRODUCER/HANDLER IDENTIFICATION				
First Name		M.I.	Last Name	
Company/ Farm Name				
Address				
City		County	State	Zipcode
Phone Number		Fax Number	Email Address	

CERTIFICATION INFORMATION		
Name of Certifying Agent	Certification Number	Issue Date of Certification
1.) Application Fee Paid \$	2.) Inspection Fees Paid \$	3.) Other Eligible Costs** \$
Total Amount Paid for Certification ( Add sums from boxes: #1+#2+#3) \$		
<b>NOTE: You must attach a copy of your certification, billing, and proof of payment to this application.</b>		<i>**Other Eligible Costs may include: fees for soil tests, compost analysis tests, forage analysis tests, and/or fees for copying required documentation used to determine NOP compliance.</i>

SIGNATURE	
<b>Certification By Producer:</b>	
I certify that the above information is true and correct, and the operation stated above received organic certification during the period <b>October 1, 2015 and September 30, 2016</b> .	
_____	_____
Certified Operator Signature	Date (mm/dd/year)

<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>ACCT #:</b>			