

**NEW YORK STATE
DEPARTMENT OF AGRICULTURE AND MARKETS**

2015-16 Application for Organic Certification Cost Reimbursement

Fill out this form completely (see guidelines on reverse side) and attach proof of paid expenses (cancelled check, "paid" invoice, etc.). If this is your first year of certification, you must also include a copy of your certificate issued by a USDA-accredited certifying agent. Please call Anne St. Cyr at 518.485.9974 with questions.

As of April 1, 2012, anyone receiving payment from New York State must be registered in the New York State vendor system. If you do not already have a New York State Vendor Identification Number, you must submit a W9 form or substitute W9 form with this application so one can be issued.

NEW YORK STATE VENDOR IDENTIFICATION NUMBER: _____

OWNER NAME	BUSINESS NAME
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CONTACT NAME (if different than owner)	
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STREET ADDRESS.

CITY	STATE	ZIP	COUNTY
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PHONE	EMAIL	FAX
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Scope of Certification - Check all that apply and indicate fee paid for each category. If you do not know the amount paid for each category, enter the total amount of certification fees on the "Total fees paid" line.

- | | |
|---|--|
| <input type="checkbox"/> CROPS /fee paid \$ _____ | <input type="checkbox"/> LIVESTOCK /fee paid \$ _____ |
| <input type="checkbox"/> WILD CROPS /fee paid \$ _____ | <input type="checkbox"/> PROCESSING-HANDLING /fee paid \$ _____ |

Certifying Agency: _____ **Total fees paid:** \$ _____
(Membership and late fees are not reimbursable)

I certify that the above information is accurate and that no part of the certification expense has been reimbursed from other sources.

Signature _____ **Date** _____

Submit Application by October 31, 2016 to:
NYS Department of Agriculture and Markets
Organic Reimbursement Program
10B Airline Drive
Albany, NY 12235

Email: anne.st.cyr@agriculture.ny.gov
Fax: 518.457.2716

FOR OFFICE USE ONLY	
Reimbursement Amount _____ x 75% = _____ _____ x 75% = _____	Initials _____ Date _____ <input type="checkbox"/> - Renewal <input type="checkbox"/> - New _____
\$750	\$1,500

FOR BSC USE ONLY									
Amount Due	Dept	Program	Fund	Account	Bud. Ref.	PCBU	Project	Activity	
\$	3000204	10999	25006	55062	2015-16	NYS01	NYS000000000014801	General	
\$	3000204	10999	25006	55062	2015-16	NYS01	NYS000000000014800	General	



Agriculture and Markets

ANDREW M. CUOMO
Governor

RICHARD A. BALL
Commissioner

July 2016

The New York State Department of Agriculture and Markets is now accepting applications to participate in the 2015-16 Organic Certification Cost Reimbursement Program. Payment to eligible applicants will be 75% of an individual's annual certification costs up to a maximum \$750 reimbursement per category of certification. To qualify for reimbursement, your initial certification or renewal certification **must be effective between October 1, 2015 and September 30, 2016.**

Reimbursements are issued on a first-come, first-served basis until all funds are exhausted so it benefits you to submit your application as soon as possible--but **not later than October 31, 2016.** A postcard or email (if an email address has been provided) will be sent to you acknowledging receipt of your application. **Please note that the time between submission of this form and receipt of payment may be several months. If you do not receive a check by January 9, 2017, call 518.485.9974.**

APPLICATION GUIDELINES

NEW YORK STATE VENDOR IDENTIFICATION NUMBER: Any vendor receiving payment from New York State must be registered in the New York State vendor system. If you do not already have a New York State Vendor Identification Number, you must submit a W9 form or substitute W9 form with this application so that one may be issued to you. The substitute W9 form can be found at http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf. The information provided by you on the W9 form will be used to set up your profile in the vendor system.

OWNER NAME: Business owner.

CONTACT NAME: Individual who should be contacted if there are any questions with the application.

MAILING ADDRESS: If you have been assigned a vendor identification number and your address has changed, you must update your address with the NYS Vendor Management Unit (VMU) by submitting a Change Vendor Address form. The form can be found at http://www.osc.state.ny.us/vendors/forms/ac3263s_fe.pdf or contact the VMU by phone at (855) 233-8363 or email HelpDesk@sfs.ny.gov.

SCOPE OF CERTIFICATION: Category(ies) of certification and fee paid.

CERTIFYING AGENCY: Name of organic certifying agency.

TOTAL FEES PAID: Total amount of fees paid for this year's certification.

Submit this application by October 31, 2016 with the following documentation:

1. Itemized invoice and proof of payment for certification-related expenses. Proof of payment can be a cancelled check, invoice marked "paid in full", etc.
2. Copy of your organic certificate valid during the program period of 10/1/2015 and 09/30/2016, if a newly certified operation.
3. W9 or substitute W9 form, if you do not have a NYS Vendor Identification number

If you have any questions concerning the Organic Certification Cost Reimbursement Program or need assistance completing this application, contact Anne St. Cyr at 518.485.9974 or anne.st.cyr@agriculture.ny.gov. Thank you.