



*Administered by OEFFA
on behalf of all of Ohio's Certified
Producers and Handlers.*

ORGANIC CERTIFICATION COST-SHARE PROGRAM FOR OHIO PRODUCERS AND HANDLERS

Instructions for Requesting Reimbursement
for certification expenses paid between
October 1, 2016 – September 30, 2017

APPLICATIONS MUST BE POSTMARKED BY NOVEMBER 15, 2017

Ohio producers or handlers who paid fees to begin or renew their organic certification during the period October 1, 2016 to September 30, 2017 are eligible to receive reimbursement for 75% of eligible certification fees, up to a maximum of \$750 for each scope certified (i.e., crops, livestock, handling, wild cropping).

Eligible expenses include certification application fees, inspection costs, any user fees or sales assessments, and postage.

You may not request reimbursement for late fees, inspections due to violations of NOP regulations, materials, supplies, and equipment, charges for non-NOP certifications or other labeling programs, membership fees, or consultant fees.

To apply for reimbursement, complete this application form and submit the additional items indicated below. Completed applications and all necessary documents must be postmarked by **November 15, 2017**. **Please allow up to 10 weeks to receive your reimbursement.**

For new producers or handlers: once you have received your certificate, all of the following must be submitted:

1. Completed Organic Certification Cost Share Reimbursement Application Form [includes Payee Data Record in lieu of IRS W-9 tax form]
2. Copy of your Certification of Organic Operation
3. Copy of invoice(s) showing the fees you paid for certification between October 1, 2016 and September 30, 2017 for certification expenses eligible for reimbursement (see above). Invoices must be marked **paid** by the certifying agent and a **zero (0) balance due**.

For renewing producers and handlers: you may submit your request for reimbursement before you receive this year's certificate. Once you have your paid invoice(s), all of the following items must be submitted:

1. Completed Organic Certification Cost Share Reimbursement Application Form) [includes Payee Data Record in lieu of IRS W-9 tax form]
2. Copy of your most recent Certification of Organic Operation
3. Copy of invoice(s) showing the fees you paid for certification between October 1, 2016 and September 30, 2017 for certification expenses eligible for reimbursement (see above). Invoices must be marked **paid** by the certifying agent and a **zero (0) balance due**.

Reimbursements will be on a first-come, first-served basis until program funds are exhausted. If you have questions, please call OEFFA Certification at (614) 262-2022 ext. 207 or email costshare@oeffa.org.

To submit, send your complete application and all documentation:

Mail:	or Fax:
OEFFA Cost-Share Reimbursement	(614) 421-2011
41 Crosswell Rd.	
Columbus, OH 43214	

PLEASE NOTE THAT INCOMPLETE FORMS WILL DELAY YOUR REIMBURSEMENT.

OHIO ORGANIC CERTIFICATION COST-SHARE REIMBURSEMENT APPLICATION

STEP 1: Contact Details

First Name		Middle Initial		Last Name	
Farm or Business Name					
Mailing Address					
City	State	OH	Zip		
Telephone	Fax				
Email					

STEP 2: Certification Information

Name of Certification Agency: _____	Certificate Number: _____
Date current certificate issued: ____/____/____	
Total amount of eligible expenses paid for Certification: \$_____	
Scope(s) of Certification (check all that apply):	
<input type="checkbox"/> Crops	<input type="checkbox"/> Livestock
<input type="checkbox"/> Wildcrops	<input type="checkbox"/> Processing/Handling

STEP 3: Documentation

<p>Please make sure you have included:</p> <input type="checkbox"/> cost share application form (this sheet – both sides) <input type="checkbox"/> Yes! I've completed the other side of this form <input type="checkbox"/> copy of certificate (attach your most recent certificate) <input type="checkbox"/> itemized invoice(s) for certification expenses paid between October 1, 2016 and September 30, 2017

STEP 4: Make Reimbursement Check Payable To:

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STEP 5: Authorized Signature

I certify that the above information is true and correct and the operation stated above received or renewed organic certification during the period October 1, 2016 to September 30, 2017 and that no part of the certification expense has been reimbursed from other sources.

Sign Here	Date
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You're not done yet – please complete the reverse side of this form.

<p>Send Application and all Supporting Documents</p> <p>Via postal mail: OEFFA Cost-Share Reimbursement 41 Crowell Rd., Columbus, OH 43214</p> <p>Or Fax: (614) 421-2011</p>	<p>For Official Use only:</p> <p>Reimbursable Costs From Invoice: \$_____</p> <p>Reimbursement \$_____</p>
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