

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

**2016-17 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.

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: \_\_\_\_\_

<b>OWNER NAME</b>		<b>BUSINESS NAME</b>		
<b>CONTACT NAME (if different than owner)</b>				
<b>STREET ADDRESS.</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>PHONE</b>	<b>EMAIL</b>	<b>COUNTY</b>		

**Have you applied for reimbursement through USDA's Farm Service Agency?**  YES  NO  
*If "Yes," you will be ineligible for a reimbursement from the Department of Agriculture and Markets.*

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

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

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Submit Application by October 31, 2017 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
Handler <input type="checkbox"/>	Producer <input type="checkbox"/>



## Agriculture and Markets

ANDREW M. CUOMO  
Governor

RICHARD A. BALL  
Commissioner

June 2017

The New York State Department of Agriculture and Markets is now accepting applications to participate in the 2016-17 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, 2016 and September 30, 2017.**

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, 2017.** 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 10, 2018, 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](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/ac3326s.pdf> or contact the VMU by phone at (855) 233-8363 or email [HelpDesk@sfs.ny.gov](mailto: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, 2017 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 10/1/2016 and 09/30/2017, 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](mailto:anne.st.cyr@agriculture.ny.gov). Thank you.**