

Completed applications must be postmarked by **October 31, 2021**:  
PA Dept. of Agriculture  
ATTN: Michele Brookins



FEDERAL ORGANIC COST-SHARE PROGRAM APPLICATION  
ADMINISTERED BY THE PENNSYLVANIA DEPARTMENT OF AGRICULTURE

Certified organic operations receiving valid certification or continued certification issued by a USDA-accredited certifying agent with eligible costs paid during the period of **October 1, 2020** through **September 30, 2021** may apply for cost-share reimbursement. PLEASE PRINT OR TYPE IN BLUE OR BLACK INK ONLY- READ INSTRUCTIONS ON REVERSE SIDE

1. Applicant's Name: \_\_\_\_\_ 2. Title \_\_\_\_\_

3. Payee(s)'s Name: **PLEASE COMPLETE ONLY ONE: A or B**

**A.** Applying under Business Name \_\_\_\_\_

BUSINESS EIN# [ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**B.** Applying as individual(s) *All individuals whose name appears on the organic certificate must be listed if completing this section, along with their social security number (SS#)*

Payee 1: \_\_\_\_\_

Payee 2: \_\_\_\_\_

SS# [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

SS# [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

Payee 3: \_\_\_\_\_

Payee 4: \_\_\_\_\_

SS# [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

SS# [ ][ ][ ][ ]-[ ][ ][ ][ ]-[ ][ ][ ][ ][ ]

4. Owner (s): \_\_\_\_\_

5. Company/Farm Name: \_\_\_\_\_

6. Address: \_\_\_\_\_

7. City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Phone #: (\_\_\_\_\_) \_\_\_\_\_ 9. Fax: (\_\_\_\_\_) \_\_\_\_\_ 10. Email: \_\_\_\_\_

11. Cost-share scope(s) (Circle each scope for which you are certified)-Crops ||Wild Crops || Livestock||Processing/Handling||

12. Circle reimbursement for: First certification or Renewal 13. Certificate Number: \_\_\_\_\_

14. Certification or Re-Certification Costs \$ [ ][ ][ ][ ][ ] [ ][ ][ ] Please attach proof of payment for certification costs with your application

15. To Payee: (1) Are you responsible for the payment of the incurred certification fees? YES  NO\*

(2) Are you paying certification fees for any other organic farms? YES\*  NO

\*If no to #1, explain on back of application. If yes to #2, list farms and addresses on back of application.

16. Certification Agent/Agency

<input type="checkbox"/> Global Organic Alliance	<input type="checkbox"/> NOFA-NY	<input type="checkbox"/> NOFA-NJ	<input type="checkbox"/> OEFFA	<input type="checkbox"/> Oregon Tilth
<input type="checkbox"/> OCIA	<input type="checkbox"/> Pennsylvania Certified Organic	<input type="checkbox"/> QAI	<input type="checkbox"/> QCS	<input type="checkbox"/> Other (please specify on reverse)

I hereby apply to the Pennsylvania Department of Agriculture for reimbursement fees under the Federal Organic Cost-Share Program given under the authority of the Federal Crop Insurance Act (7U.S.C. 1501 et seq.) and Agricultural Risk Protection Act of 2000. I verify that the information I provided on this application is true and correct. False statements are subject to penalties for unsworn falsifications to authorities (18 Pa. C.S.A. Section 4904).

17. Applicant(s)'s Signature:

1. \_\_\_\_\_ Date: \_\_\_\_\_ 2. \_\_\_\_\_ Date: \_\_\_\_\_

3. \_\_\_\_\_ Date: \_\_\_\_\_ 4. \_\_\_\_\_ Date: \_\_\_\_\_

Please see the reverse side of this document for instructions and important changes to the application procedure

## INSTRUCTIONS

- 1-2. Name and Title of **individual completing this application.**
3. Names of **ALL** persons listed on organic certificate or renewal certificate who will receive reimbursement payments in equal division of the total reimbursement amount must be completed in section B. If certificate is for business, please complete section A.  
  
SS# or business FEIN# that matches the Payee(s) listed in item 3.
- 4-10. Owner contact information. This is where any and all correspondence as well as the reimbursement check will be mailed.
11. Organic operations may receive one reimbursement per certificate or scope of certification per year. The NOP currently recognizes four scopes of certification: crops, wild crops, livestock, and processing/handling. This means that operations with more than one certification scope may be eligible for more than one reimbursement.
12. Circle **Certification** if this is your first certification year or **Renewal of Certification** if your certification was renewed this year. **IMPORTANT: You DO NOT need to send a copy of your certificate with the application!**
13. This is the unique certification number as it appears on the certificate you receive from your certification agency. Contact your certification agency if you do not know this number.
14. **Please include the dollar amount for the total costs of your certification or renewal certification for this cost share year. Invoices and proof of payment should be included with your application. Please remember, the cost share year is on or between October 1, 2020 and September 30, 2021.**

### ALLOWABLE COSTS:

- Application Fees
- Inspection Fees, including Travel Costs and Per Diem for Organic Inspectors
- Certification Costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements
- User Fees/Sale Agreements
- Postage

### UNALLOWABLE COSTS:

- Inspections due to violations of USDA Organic regulations
- Charges related to non-USDA organic certifications
- Transitional Certifications
- Other labeling program
- Materials, Supplies, Equipment
- Late Fees
- Membership Fees
- Consultant Fees

**\*\*NOTICE TO OPERATIONS CERTIFIED BY PENNSYLVANIA CERTIFIED ORGANIC (PCO)-YOU\*\* STILL MUST FILL OUT THE APPLICATION IN IT'S ENTIRETY, THE ONLY THING YOU ARE NOT REQUIRED TO PROVIDE IS AN AMOUNT OR PROOF OF PAYMENT. PCO WILL PROVIDE THE ALLOWABLE COSTS ASSOCIATED WITH YOUR CERTIFICATION.**

15. (1) Check yes or no in answer to the supplied question. If you answered **NO** please explain below.  
  
(2) Check yes or no in answer to the supplied question. If you answered **YES** please list farms below and attach additional sheet(s) if necessary.
16. Name and contact information for your certifying agency. **If you checked Other**, please fill out information below:  
  
Certification Agent/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone#: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_
17. **Signature of all payees as listed in item 3.**

\*Applications postmarked after **October 31, 2021** may not be processed. If you have any questions, or need additional information, please contact Michele Brookins. Additional applications may also be printed out from our website: [https://www.agriculture.pa.gov/Business\\_Industry/Financial%20Assistance/Pages/default.aspx](https://www.agriculture.pa.gov/Business_Industry/Financial%20Assistance/Pages/default.aspx)

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