

Florida Certified Organic Growers & Consumers, Inc. 5700 SW 34<sup>th</sup> Street Suite 349 Gainesville, FL 32608 352-377-6345 phone, 352-377-8363 fax costshare@foginfo.org www.foginfo.org

## APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT FLORIDA COST-SHARE PROGRAM

Applications should be postmarked by October 31, 2018; Checks will be made payable to the name and address submitted on the W9 form. To be eligible for reimbursement the operation must have received or renewed organic certification on or between October 1, 2017 and September 30, 2018. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity. The following costs may not be reimbursed through the program: late fees; inspections due to violations of NOP regulations; any charges related to certifications other than USDA Organic; transitional certifications; materials and supplies; equipment. NOTE: You must send a copy of your certificate, proof of payment, and billing with your application. This application must be signed.

Applications must be postmarked no later than October 31, 2018

## THE FOLLOWING INFORMATION MUST BE INCLUDED:

- THIS APPLICATION AS COVERSHEET
- CERTIFICATION COSTS RECEIPTS OF PAYMENT
- COMPLETED W9

Approved by:

• COPY OF ORGANIC CERTIFICATE

APPLICANT INFORMAT CHECK ALL THAT APPLY Certification Type:	Producer (farmer)	Handler/Processor		
Certification Scope			Processing	g/Handling
Name of Farm / Operation (if applicable)				
Name of Applicant				
Business Address	Number 2 Chrost	City	Chaha	7in Code
Mailing Address	Number & Street	City	State	Zip Code
(If different)	Number & Street	City	State	Zip Code
Phone Number	<u>(</u> )	Fax Number <u>(</u>	)	
E-mail Address		Contact Name		
Certifying Agent : Company Name)				
Company Name,				
	Applicant Signature*	<del></del>		Date
		e signature on the application	on matches that on	the W9
For Administrative Use Approval Date:	e Only Reimbursement Amount:	Proof of Ce	rtification:	

Signature: