



Food Quality Assurance Program
Maryland Department of Agriculture
P.O. Box 17304
Baltimore, Maryland 21297-1304
PHONE: 410-841-5769

PCA 23403 OBJ 6801

Date Recd _____

Amount Recd _____

Annual Fee: \$500 Non Refundable after Inspection is Conducted

MDA Certified Producers and Handlers Remittance Form

Please separate this form from the rest of the packet and send with your check or money order to:
Maryland Department of Agriculture, P.O. Box 17304, Baltimore, Maryland 21297-1304.

If sending through any mail carrier other than USPS please use the following address:

First Data/Remitco, Attn: Maryland Department of Agriculture, 400 White Clay Center Drive, Newark, Delaware 19711

The Agricultural Management Assistance Program authorized under the Federal Crop Insurance Act provides for reimbursement of organic certification costs. Producers and Handlers certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of \$750. To apply for reimbursement, complete this application and submit to the address listed above.

MDA cannot issue reimbursement without a social security number for individuals or a tax id (fid or ein) for businesses.

APPLICANT NAME		FARM NAME	
WOULD YOU LIKE TO RECEIVE COST SHARE REIMBURSEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> If you answered yes, please complete the following:			
NAME OF PAYEE – Must be same as person or business paying certification fees and match the social security or tax identification number listed below			
CONTACT PERSON OR BUSINESS NAME (IF DIFFERENT THAN PAYEE)			
MAILING ADDRESS			
CITY		STATE	ZIP CODE
PRIMARY PHONE NUMBER		SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER FOR PAYEE	
LOCATION ADDRESS, IF DIFFERENT THAN MAILING		DATE OF CERTIFICATION COSTS	

Calculate your reimbursement:

Example: If your certification costs were \$500, you will receive 75% reimbursement, which would be \$375.00.
If your certification costs were \$1,500, 75% would equal \$1,125 you will receive \$750.00, as that is the maximum you may be reimbursed.

Certification fees paid = \$ _____	X 75% (0.75) = \$ _____	(Maximum \$750.00)
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Signature of Applicant(s) _____ Date _____

To apply for reimbursement, complete this application, and if certified by MDA, include with your organic certification application and fee. If not certified by MDA, submit with a copy of the receipt for your certification fees from your accredited certifier and provide the number of certified acres, if applicable. Acres certified _____

Administrative Use Only:

Date Application Received: _____ Amount of reimbursement issued: \$ _____

Date Check/Receipt Received: _____ Check Amount: \$ _____

Check # _____

Action Taken:

Approved _____ Denied: _____ By: _____ Date: _____

Date Payment Processed: _____

MAIL APPLICATION TO:

**MARYLAND DEPT OF AGRICULTURE
FOOD QUALITY ASSURANCE PROGRAM
50 HARRY S TRUMAN PKY
ANNAPOLIS, MD 21401**



TELEPHONE (410) 841-5769 FAX (410) 841-2750 EMAIL: organic.certification@maryland.gov

For office use only

Date Application received

Date Check recd, ck no, amt

Organic Crop and Pasture Certification

SCOPE: CROP

Annual Update for Certification Effective 2018

This form must be filled out by MDA certified crop producers to update their organic farm system plans. Attach updated farm maps, labels and other records as appropriate. Appendix A and Appendix B must be submitted with your update. This form must be signed.

Must be Postmarked by 4/1/17 Fee: \$500 – Nonrefundable after inspection conducted

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Applicant Name & Title			Farm Name		
Owner's Name (if different from Applicant)				Date	
Mailing Address			City	State	Zip
Phone	Fax			E-mail Website	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify Partnerships must submit the names of all partners\owners. Corporations and LLC's must submit names of the officers and the name and address of registered agent.					Organic Certification No.
Requested product listing for MDA Certified Operations Directory:					
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the reasons for denial and attach documentation of corrective actions.			
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					
Do you intend to certify any livestock this year? <input type="checkbox"/> yes <input type="checkbox"/> no You must complete an Organic Livestock Plan to certify any livestock.					
Do you process (other than washing/bagging) any organic products that will be sold as organic? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you perform organic processing of any kind for anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes to either question, you must complete and submit an MDA OCP <i>Organic Processing/Handling Plan Questionnaire</i> .					

Did you have any minor noncompliances from last year's certification? ☐ yes ☐ no

If yes, please complete the following table, listing each minor non-compliance.

Minor Noncompliance	Describe how you addressed the minor noncompliance.

PLANNED LAND USE	FIELD NUMBERS	TOTAL ACRES PER CROP OR SQUARE FEET	PROJECTED YIELDS (VOLUME)
Grains			
Corn			
Wheat			
Oats			
Barley			
Spelt			
Rye			
Other grains			
Beans			
Soybean			
Bean Other			
Hay, Silage, Pasture			
Alfalfa/Alfalfa Mix			
Grass			
Other			
Fruits/Vegetables			
Potatoes			
Tomatoes			
Lettuce			
Carrots			
Mixed Veg. ≤ 5 ac.			
Mixed Veg. > 5 ac.			
Herbs			
Other Vegetables			
Tree Nut			
Apples			
Grapes			
Other Fruits			
Miscellaneous			
Cut Flowers			
Greenhouse for own use			
Greenhouse for sale of Transplants			
Cover Crops/Idle			
Other land			
Totals			

Complete all information for all parcels including the complete address and number of acres – organic, conventional, transitional. Land Use Affidavits signed by the person responsible for the management of the property establishing the date of the last application of NOP prohibited substances and all field history and inputs since that date must be submitted for all new fields for which you are requesting certification.

FIELD NUMBERS	COMPLETE PARCEL ADDRESS/ LEGAL DESCRIPTION	NUMBER OF ACRES: ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)			RENTED (R) OR OWNED (O)
		O	T	C	

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan?

Have you reviewed your Organic Farm Plan? ☐ yes ☐ no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. ☐ No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Annual Seedlings and planting stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

C. Inputs (Fertility, Soil, Weed Control, Pest Control, Disease Control, and Cleaning Products)

List all inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on **Attachment B**.

☐ No inputs used

D. Seed Seedlings, and Planting stock**Seeds**

☐ No seeds used ☐ All seeds are organic ☐ Some untreated seed used ☐ No GMO seeds purchased/planted

If seeds are used, include all information on **Attachment A**

Seed Sources

☐ Save my own seed ☐ Provided through contract ☐ Seed Companies ☐ Other

Seedlings and Planting Stock

A. DO YOU PURCHASE ORGANIC ANNUAL SEEDLINGS?

☐ Yes ☐ No ☐ Not applicable

If yes, include all information on **Attachment A**.

B. DO YOU PURCHASE ORGANIC PLANTING STOCK?

☐ Yes ☐ No ☐ Not applicable

If yes, include all information on **Attachment A**.

E. Monitoring Practices and Procedures

Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

Rate the effectiveness of your fertility management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resources and Biodiversity Conservation

Do you protect riparian areas? ☐ Yes ☐ No ☐ N/A

Do you employ practices to support native species and habitat? ☐ Yes ☐ No

Do you employ practices to minimize invasive species? ☐ Yes ☐ No

Do you use or store manure? ☐ Yes ☐ No If yes, how do you manage it to prevent contamination of crops, soil or water?

Rate the effectiveness of your biodiversity program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your soil conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

☐ yes ☐ no Adjoining land uses, buffers, notification letters, posting signs

☐ yes ☐ no Input equipment cleaning (sprayers, planters, etc.)

☐ yes ☐ no Harvest equipment cleaning

☐ yes ☐ no Crop testing for contaminants (prohibited materials, GMOs)

☐ yes ☐ no Post harvest handling

☐ yes ☐ no Crop storage cleaning

☐ yes ☐ no Transportation of organic crops

Recordkeeping

☐ yes ☐ no Compost production records

☐ yes ☐ no Labor records

☐ yes ☐ no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products

☐ yes ☐ no Complaint log

Section 4 Annual Summary of Organic Crop Yield and Sales**NOP Section 205.103**

The following organic crops/products have been sold from ____ (date) to ____ (date).

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Expand table or attach additional sheets as necessary.

Section 6 Affirmation

I affirm that all statements made in this application are true and correct. No prohibited materials have been applied to any of my organically managed fields during the three-year period prior to projected harvest or if transitional I have provided the most recent date a prohibited material was applied. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990, the National Organic Program Rule and other applicable standards or requirements. I agree to pay all costs and fees associated with this program. I understand that I must notify the MDA Organic Certification program if I intend to make modifications to products, processes or systems which could affect the compliance of the product with the requirements of the applicable standards or regulations and cannot sell or distribute the affected products until approval is received from the MDA Organic Certification Program.

I understand if I (a) knowingly sell or label a product as organic, except in accordance with the ACT, I shall be subject to civil penalty of not more than \$10,000 per violation; (b) make a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent, I shall be subject to the provisions of section 1001 of Title 18, United States Code.

I understand that except for operations exempt or excluded in the NOP §205.101, each production or handling operation or specified portion of a production or handling operation that produces or handles crops, livestock, livestock products, or other agricultural products that are intended to be sold, labeled, or represented as "100 percent organic," "organic," or "made with organic (specified ingredients or food group(s))" must be certified according to the provisions of subpart E of the NOP and must meet all other applicable requirement of this part and submission of this plan in no way implies granting or continuation of certification by the MDA Organic Certification Program certifying agent. I understand that I am required to surrender my certificate and can no longer sell or label products as certified by the MDA if: I withdraw from the program; my certification is not continued for failure to submit an annual update or fees; or any other reason in accordance with the NOP.

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

I have attached the following documents:

- ☐ Updated maps of all parcels/fields (showing adjoining land use, buffer zones and field identification)
- ☐ Documentation for fields owned or rented for less than three years, if applicable
- ☐ Soil fertility test
- ☐ APPENDIX A - SEED, ANNUAL, PLANTING STOCK INPUTS - REQUIRED
- ☐ APPENDIX B – INPUT LIST - REQUIRED
- ☐ Organic product labels, if applicable
- ☐ **I have made copies of this form and other supporting documents for my own records.**

Submit completed certification application and supporting documents to:

Maryland Department of Agriculture
Organic Certification Program
50 Harry S. Truman Parkway
Annapolis, MD 21401

Application fee: \$500 Non Refundable after inspection is conducted

Submit fees and MDA Certified Producers and Handlers Remittance Form to:

Via USPS:

Maryland Department of Agriculture
P.O. Box 17304
Baltimore, Maryland 21297-1304

Other Carriers:

First Data/Remitco
Attn: Maryland Department of Agriculture
400 White Clay Center Drive
Newark, Delaware 19711

APPENDIX A – Inputs - Seeds, Annuals and Planting Stock

Certification Number

Name

A producer must use organically grown seeds, annual seedlings and planting stock except: untreated seeds and planting stock may be used when an equivalent organically produced variety is not commercially available. List all seeds, annuals and/or planting stock (rhizomes, shoots, leaf or stem cuttings, roots, tubers, perennial plants, etc.) used or planned for use in the current crop season, including any used in non organic fields if you are planting the same crop organically. If a GMO or treated seed, annual or planting stock is used in a non organic field, indicate conventional crop under reason for using non organic. For organic production, you must use organic seeds and/or planting stock unless it is not commercially available with the characteristics you require. You must document your search for organic seed and planting stock. Annuals must be organic. If you produce your own seed, planting stock or annuals, indicate under source below and keep records of your production. Non organic perennials may be used but the crop will not be considered organic until managed organically for one year. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. ***Have all labels, receipts and documentation of search for organic seed and/or planting stock available for the inspector.***

[illegible]

APPENDIX B – Inputs – Fertility Products; Soil Amendments; Potting Soil Mixes; Disease, Pest and Weed Management

All inputs used in your operation must be listed on this form or a list in a different format that includes all required information. All inputs must be approved by MDA prior to use. If you are using a restricted or prohibited input on a conventional field, put conventional field and the identification number in the NOP compliance column. After MDA has reviewed your inputs, you will receive an approval/disapproval letter. You must include the complete name of the product for MDA to review. If the product is not OMRI approved, you must submit a label or MSDS for MDA to begin the review process.

Certification Number

Name

COMPLETE NAME OF Product	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED OR PROHIBITED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	REASON FOR USE