**Organic Certification Cost Share Reimbursement Application**

**Maryland Non MDA Certified Organic Producers/Handlers**

USDA funds a certification fee cost share program. Producers and Handlers located in Maryland and certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of $750 for each scope from either MDA or the USDA Farm Service Agency. To apply for reimbursement, complete this application and submit to the address listed below along with proof of certification and fees paid for each scope of certification. Receipts for October 1 through September 30 must be submitted no later than September 30 each year. Send to: MDA Organic Certification Program, 50 Harry S. Truman Parkway, Annapolis, MD 21401

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

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| 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 | CERTIFICATION SCOPES |
| LOCATION ADDRESS , IF DIFFERENT THAN MAILING | Date of certification costs |

**Calculate your reimbursement:**

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| **Certification fees paid for Crops Scope= $****X 75% (0.75) = $** (Maximum $750.00)**Certification fees paid for Wild Crops Scope= $          X 75% (0.75) = $**(Maximum $750.00)**Certification fees paid for Livestock Scope= $          X 75% (0.75) = $**(Maximum $750.00)**Certification fees paid for Handler Scope= $          X 75% (0.75) = $**(Maximum $750.00) |

**Signature of Applicant(s)** **Date**

Producers and Handlers are eligible for 75% of the certification fees paid up to a maximum of $750.00 for each scope. To apply for reimbursement, complete this application and submit documentation of certification scopes and the invoice/receipt for certification fees paid for each scope.If certified for crops, please indicate the acres certified

***Administrative Use Only:* Action Taken:**

**Date Cost Share Application Received:**

**Date Receipt/Invoice Received:**

**Certification Fees Paid Crop Scope: $ Crop Scope Reimbursement: $**

**Certification Fees Paid Wild Crop Scope: $ Wild Crop Scope Reimbursement: $**

**Certification Fees Paid Livestock Scope: $ Livestock Scope Reimbursement: $**

**Certification Fees Paid Handler Scope: $ Handler Scope Reimbursement: $**

 **Total Reimbursement: $**

**Approved: Denied: By: Date: Date Payment Processed:**