



Food Quality Assurance Program
 Maryland Department of Agriculture
 50 Harry S. Truman Parkway
 Annapolis, MD 21401
 410-841-5769 FAX: 410-841-2750

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.

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		CERTIFICATION SCOPES
DATE OF CERTIFICATION COSTS		

Calculate your reimbursement:

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 _____

<u>Administrative Use Only:</u> Date Cost Share Application Received: _____ Date Receipt/Invoice Received: _____ Certification Fees Paid Crop Scope: \$ _____ Certification Fees Paid Wild Crop Scope: \$ _____ Certification Fees Paid Livestock Scope: \$ _____ Certification Fees Paid Handler Scope: \$ _____	<u>Action Taken:</u> Crop Scope Reimbursement: \$ _____ Wild Crop Scope Reimbursement: \$ _____ Livestock Scope Reimbursement: \$ _____ Handler Scope Reimbursement: \$ _____ Total Reimbursement: \$ _____ Approved: _____ Denied: _____ By: _____ Date: _____ Date Payment Processed: _____
--	--