



Food Quality Assurance Program
 Maryland Department of Agriculture
 50 Harry S. Truman Parkway
 Annapolis, MD 21401
 Phone: 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 per 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 November 1** 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	SSN or Tax ID Number for Payee	
Location Address (If different from mailing address)		Date of Certification Costs

Select the scopes your operation is certified for:

Crops Wild Crops Livestock Processing/Handling

Calculate your reimbursement:

Certification fees paid for Crops scope	\$ _____ x 75% (0.75) = _____ or \$750,	
Certification fees paid for Wild Crops scope	\$ _____ x 75% (0.75) = _____ or \$750,	whichever is less
Certification fees paid for Livestock scope	\$ _____ x 75% (0.75) = _____ or \$750,	
Certification fees paid for Handler scope	\$ _____ x 75% (0.75) = _____ or \$750,	

Signature of Applicant(s) _____

Date _____

Producers and Handlers are eligible for 75% of the certification fees paid up to a maximum of \$750.00 per 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:	Crop reimbursement issued: \$ _____
Date Application Received: _____	Wild Crop reimbursement issued: \$ _____
Date Invoice/Receipt Received: _____	Livestock reimbursement issued: \$ _____
	Handler reimbursement issued: \$ _____
	Total reimbursement issued: \$ _____
Action Taken:	
Approved: _____	Denied: _____
	By: _____ Date: _____
	Date Payment Processed: _____