



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***
- ***COPY OF ORGANIC CERTIFICATE***

**APPLICANT INFORMATION**

**CHECK ALL THAT APPLY**

**Certification Type:**      Producer (farmer)       Handler/Processor   
**Certification Scope:**      Crops       Wild Crops       Livestock       Processing/Handling

Name of Farm / Operation (if applicable) \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Business Address  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different)  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contact Name \_\_\_\_\_

Certifying Agent : (Company Name) \_\_\_\_\_

\_\_\_\_\_ Applicant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*Please make sure the signature on the application matches that on the W9

**For Administrative Use Only**

Approval Date: \_\_\_\_\_ Reimbursement Amount: \_\_\_\_\_ Proof of Certification: \_\_\_\_\_

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

