**Organic Certification Cost Share Reimbursement Application for MDA Certified Operations**

Several USDA programs provide for reimbursement of organic certification costs. Producers/Handlers certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of $750 per scope. To apply for reimbursement, complete this application and submit to Maryland Department of Agriculture, 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 | | | |  |
| 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 Crop/Livestock Scopes = $  Certification fees paid Handler Scope =$ | **X 75% (0.75) = $**  (Maximum $750.00)  **X 75% (0.75) = $** (Maximum $750.00) |

**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 # Check Amount: $**

**Action Taken:**

**Approved Denied: By: Date:**

**Date Payment Processed:**