**MDA Certified Producers and Handlers Remittance Form**

**Please separate this form from the rest of the packet and send with your check or money order to:**

**Maryland Department of Agriculture, P.O. Box 17304, Baltimore, Maryland 21297-1304.**

If sending through any mail carrier other than USPS please use the following address:

First Data/Remitco, Attn: Maryland Department of Agriculture, 400 White Clay Center Drive, Newark, Delaware 19711

The Agricultural Management Assistance Program authorized under the Federal Crop Insurance Act provides for reimbursement of organic certification costs. Producers and Handlers certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of $750. To apply for reimbursement, complete this application and submit to the address listed above.

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

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| APPLICANT NAME | | FARM NAME | | | | |
| WOULD YOU LIKE TO RECEIVE COST SHARE REIMBURSEMENT? YES  NO  If you answered yes, please complete the following: | | | | | | |
| 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.

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| **Certification fees paid = $** | **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:**

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| For office use only |
| Date Application received |
| Date Check recd, ck no, amt |

*MAIL APPLICATION TO:*

MARYLAND DEPT OF AGRICULTURE

FOOD QUALITY ASSURANCE PROGRAM

50 HARRY S TRUMAN PKY

ANNAPOLIS, MD 21401

TELEPHONE (410) 841-5769 FAX (410) 841-2750 EMAIL: organic.certification@maryland.gov

Organic Crop and Pasture Certification

SCOPE: CROP

Annual Update for Certification Effective 2018

This form must be filled out by MDA certified crop producers to update their organic farm system plans. Attach updated farm maps, labels and other records as appropriate. Appendix A and Appendix B must be submitted with your update. This form must be signed.

Must be Postmarked by 4/1/17 Fee: $500 – Nonrefundable after inspection conducted

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| **SECTION 1: General Information NOP Rule 205.406(a)(2) and 205.401(b)** | | | | | | | | | | |
| Applicant Name & Title | | | | | **Farm** **Name** | | | | | |
| Owner’s Name (if different from Applicant) | | | | | | | Date | | | |
| Mailing Address | | | | City | | | | State | | Zip |
| Phone | | Fax | | | | | | E-mail  Website | | |
| Legal Status:  Sole Proprietorship  Trust or non-profit  Corporation  Cooperative  Legal Partnership (federal form 1065)  Other-specify  Partnerships must submit the names of all partners\owners. Corporations and LLC’s must submit names of the officers and the name and address of registered agent. | | | | | | | | Organic Certification No. | | |
| Requested product listing for MDA Certified Operations Directory: | | | | | | | | | | |
| Year first certified | List previous organic certification by other agencies | | | | | List current organic certification  by other agencies | | | Do you understand current organic standards? yes  no | |
| Have you ever been denied  Certification? yes  no | | | If yes, describe the reasons for denial and attach documentation of corrective actions. | | | | | | | |
| Preferred dates and time for inspection visit:  morning  afternoon  evening | | | | | | | | | | |
| Do you intend to certify any livestock this year? yes  no  You must complete an Organic Livestock Plan to certify any livestock. | | | | | | | | | | |
| Do you process (other than washing/bagging) any organic products that will be sold as organic?  Yes  No  Do you perform organic processing of any kind for anyone else?  Yes  No  If yes to either question, you must complete and submit an MDA OCP *Organic Processing/Handling Plan Questionnaire*. | | | | | | | | | | |

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| Planned Land Use | Field numbers | Total acres per crop or Square Feet | Projected yields (volume) |
| Grains |  |  |  |
| Corn |  |  |  |
| Wheat |  |  |  |
| Oats |  |  |  |
| Barley |  |  |  |
| Spelt |  |  |  |
| Rye |  |  |  |
| Other grains |  |  |  |
| Beans |  |  |  |
| Soybean |  |  |  |
| Bean Other |  |  |  |
| Hay, Silage, Pasture |  |  |  |
| Alfalfa/Alfalfa Mix |  |  |  |
| Grass |  |  |  |
| Other |  |  |  |
| Fruits/Vegetables |  |  |  |
| Potatoes |  |  |  |
| Tomatoes |  |  |  |
| Lettuce |  |  |  |
| Carrots |  |  |  |
| Mixed Veg. ≤ 5 ac. |  |  |  |
| Mixed Veg. > 5 ac. |  |  |  |
| Herbs |  |  |  |
| Other Vegetables |  |  |  |
| Tree Nut |  |  |  |
| Apples |  |  |  |
| Grapes |  |  |  |
| Other Fruits |  |  |  |
| Miscellaneous |  |  |  |
| Cut Flowers |  |  |  |
| Greenhouse for own use |  |  |  |
| Greenhouse for sale of Transplants |  |  |  |
| Cover Crops/Idle |  |  |  |
| Other land |  |  |  |
| Totals |  |  |  |

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| **SECTION 2: Minor Noncompliances NOP Rule 205.406(a)(3)** | |
| Did you have any minor noncompliances from last year's certification? yes  no  If yes, please complete the following table, listing each minor non-compliance. | |
| **Minor Noncompliance** | **Describe how you addressed the minor noncompliance.** |
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| Field numbers | COMPLETE Parcel address/  legal description | Number of acres: organic (O), transitional (T), conventional (C)  O T C | | | Rented (R) or  Owned (O) |
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| B. Organic Farm Plan Changes What year did you last submit a complete Organic Farm Plan?  Have you reviewed your Organic Farm Plan? yes  no Date of review:  Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary.  No changes | |
| **Farm Plan Topic** | Summary Statement of Changes |
| General information |  |
| Newly purchased or rented fields\* |  |
| Farm maps |  |
| Seeds and seed treatments |  |
| Annual Seedlings and planting stock |  |
| Soil fertility management |  |
| Compost or manure use |  |
| Conservation practices |  |
| Water quality and use |  |
| Crop rotation |  |
| Weed management plan |  |
| Pest management plan |  |
| Disease management plan |  |
| Adjoining land use and buffers |  |
| Split or parallel operation |  |
| Equipment |  |
| Harvest plan |  |
| Post-harvest handling |  |
| Crop storage |  |
| Crop transportation |  |
| Record keeping system |  |
| Type of marketing/product labels |  |

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| Complete all information for all parcels including the complete address and number of acres – organic, conventional, transitional. Land Use Affidavits signed by the person responsible for the management of the property establishing the date of the last application of NOP prohibited substances and all field history and inputs since that date must be submitted for all new fields for which you are requesting certification. |

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| C. Inputs (Fertility, Soil, Weed Control, Pest Control, Disease Control, and Cleaning Products) List all inputs used or intended for use in the current season on proposed organic and transitional fields on Attachment B or a list in another format as long as it includes all the information requested on **Attachment B**.  No inputs used |
| **D. Seed Seedlings, and Planting stock**  Seeds  No seeds used  All seeds are organic  Some untreated seed used  No GMO seeds purchased/planted  If seeds are used, include all information on **Attachment A**  Seed Sources .  Save my own seed  Provided through contract  Seed Companies  Other  Seedlings and Planting Stock  A. DO YOU PURCHASE ORGANIC ANNUAL SEEDLINGS?  Yes  No  Not applicable  If yes, include all information on Attachment A.  B. DO YOU PURCHASE ORGANIC PLANTING STOCK?  Yes  No  Not applicable  **If yes, include all information on Attachment A**. |
| E. Monitoring Practices and Procedures Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).Fertility Management Program Rate the effectiveness of your fertility management program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program. |
| Natural Resources and Biodiversity Conservation  Do you protect riparian areas?  Yes  No  N/A  Do you employ practices to support native species and habitat?  Yes  No  Do you employ practices to minimize invasive species?  Yes  No  Do you use or store manure?  Yes  No If yes, how do you manage it to prevent contamination of crops, soil or water?  Rate the effectiveness of your biodiversity program:  excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program.  Rate the effectiveness of your soil conservation program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program.  Rate the effectiveness of your water quality program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program. |
| Weed, Pest, and Disease Management  Rate the effectiveness of your weed management program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program.  Rate the effectiveness of your pest management program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program.  Rate the effectiveness of your disease management program: excellent  satisfactory  needs improvement  Describe any changes you have made or intend to make based on the results of your monitoring program. |

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| Other Monitoring: Indicate if you conduct monitoring in the following areas: Maintenance of Organic Integrity  yes  no Adjoining land uses, buffers, notification letters, posting signs  yes  no Input equipment cleaning (sprayers, planters, etc.)  yes  no Harvest equipment cleaning  yes  no Crop testing for contaminants (prohibited materials, GMOs)  yes  no Post harvest handling  yes  no Crop storage cleaning  yes  no Transportation of organic crops  Recordkeeping  yes  no Compost production records  yes  no Labor records  yes  no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products  yes  no Complaint log |

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| Section 4 Annual Summary of Organic Crop Yield and Sales NOP Section 205.103 | | | | | |
| The following organic crops/products have been sold from \_\_     \_\_\_\_\_\_\_\_\_(date) to \_     \_\_\_\_\_\_\_\_\_\_\_(date). | | | | | |
| **Crops/Products** | **# of Acres** | **Actual Yield** | **Amount Sold** | **Amount Left to Sell** | **Remaining Crop**  **Storage ID #** |
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*Expand table or attach additional sheets as necessary.*

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| Section 6 Affirmation |

# I affirm that all statements made in this application are true and correct. No prohibited materials have been applied to any of my organically managed fields during the three-year period prior to projected harvest or if transitional I have provided the most recent date a prohibited material was applied. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990, the National Organic Program Rule and other applicable standards or requirements. I agree to pay all costs and fees associated with this program. I understand that I must notify the MDA Organic Certification program if I intend to make modifications to products, processes or systems which could affect the compliance of the product with the requirements of the applicable standards or regulations and cannot sell or distribute the affected products until approval is received from the MDA Organic Certification Program.

# I understand if I (a) knowingly sell or label a product as organic, except in accordance with the ACT, I shall be subject to civil penalty of not more than $10,000 per violation; (b) make a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent, I shall be subject to the provisions of section 1001 of Title 18, United States Code.

I understand that except for operations exempt or excluded in the NOP §205.101, each production or handling operation or specified portion of a production or handling operation that produces or handles crops, livestock, livestock products, or other agricultural products that are intended to be sold, labeled, or represented as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s))” must be certified according to the provisions of subpart E of the NOP and must meet all other applicable requirement of this part and submission of this plan in no way implies granting or continuation of certification by the MDA Organic Certification Program certifying agent.I understand that I am required to surrender my certificate and can no longer sell or label products as certified by the MDA if: I withdraw from the program; my certification is not continued for failure to submit an annual update or fees; or any other reason in accordance with the NOP.

Signature of Applicant Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have attached the following documents:

Updated maps of all parcels/fields (showing adjoining land use, buffer zones and field identification)

Documentation for fields owned or rented for less than three years, if applicable

Soil fertility test

APPENDIX A - SEED, ANNUAL, PLANTING STOCK INPUTS - REQUIRED

APPENDIX B – INPUT LIST - REQUIRED

Organic product labels, if applicable

I have made copies of this form and other supporting documents for my own records.

**Submit completed certification application and supporting documents to:**

Maryland Department of Agriculture

Organic Certification Program

50 Harry S. Truman Parkway

Annapolis, MD 21401

Application fee: $500 Non Refundable after inspection is conducted

**Submit fees and MDA Certified Producers and Handlers Remittance Form to:**

|  |  |
| --- | --- |
| **Via USPS**:  Maryland Department of Agriculture  P.O. Box 17304  Baltimore, Maryland 21297-1304 | **Other Carriers:**  First Data/Remitco  Attn: Maryland Department of Agriculture  400 White Clay Center Drive  Newark, Delaware 19711 |

**APPENDIX A – Inputs - Seeds, Annuals and Planting Stock**

**Certification Number**       **Name**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A producer must use organically grown seeds, annual seedlings and planting stock except: untreated seeds and planting stock may be used when an equivalent organically produced variety is not commercially available. List all seeds, annuals and/or planting stock (rhizomes, shoots, leaf or stem cuttings, roots, tubers, perennial plants, etc.) used or planned for use in the current crop season, including any used in non organic fields if you are planting the same crop organically. If a GMO or treated seed, annual or planting stock is used in a non organic field, indicate conventional crop under reason for using non organic. For organic production, you must use organic seeds and/or planting stock unless it is not commercially available with the characteristics you require. You must document your search for organic seed and planting stock. Annuals must be organic. If you produce your own seed, planting stock or annuals, indicate under source below and keep records of your production. Non organic perennials may be used but the crop will not be considered organic until managed organically for one year. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels, receipts and documentation of search for organic seed and/or planting stock available for the inspector.* | | | | | | | | |
| Annuals, Planting Stock or Seed Variety/Brand | **Source** | **If Organic**  **list certifier** | **Untreated (✔)** | **Treated (✔)** | **GMO**  **(✔)** | Type/Brand of Treatment  **Fungicide Inoculant** | | **Reason for using non organic seed or planting stock** |
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**APPENDIX B – Inputs – Fertility Products; Soil Amendments; Potting Soil Mixes; Disease, Pest and Weed Management**

**All inputs used in your operation must be listed on this form or a list in a different format that includes all required information. All inputs must be approved by MDA prior to use. If you are using a restricted or prohibited input on a conventional field, put conventional field and the identification number in the NOP compliance column. After MDA has reviewed your inputs, you will receive an approval/disapproval letter. You must include the complete name of the product for MDA to review. If the product is not OMRI approved, you must submit a label or MSDS for MDA to begin the review process.**

**Certification Number**       **Name**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| COMPLETE NAME OF Product | BRAND NAME OR SOURCE | **Status: approved (A) restricted (R)**  **prohibited (P)** | **If restricted or prohibited, describe compliance with NOP Rule annotation** | **Check if GMO (✔)** | **Reason for use** |
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