



Florida Certified Organic Growers & Consumers, Inc.
5700 SW 34th 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 December 31, 2020. 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, 2018 and September 30, 2019. The amount of reimbursement is 50 % of certification costs (maximum of \$500.) 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 December 31, 2020

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
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Mailing Address

(If different)

Number & Street	City	State	Zip Code
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Phone Number

()	Fax Number ()
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E-mail Address

Contact Name	
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Certifying Agent :
(Company Name)

For Administrative Use Only

Approval Date: _____ Reimbursement Amount: _____ Proof of Certification: _____

Approved by: _____ Signature: _____



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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: _____

