



Florida Certified Organic Growers & Consumers, Inc.  
 5700 SW 34<sup>th</sup> Street Suite 349 Gainesville, FL 32608  
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**APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT  
 FLORIDA COST-SHARE PROGRAM**

**Applications are accepted on a first-come first-served basis due to limited funds. We will be accepting applications until November 30, 2023, or until all funds have been distributed, whichever comes first.**

Approved payments will be made via direct deposit. Producers may apply for cost share assistance for organic certification expenses paid between Oct. 1, 2022, and Sept. 30, 2023. The amount of reimbursement is **75% of certification costs** (up to a 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: This application must be signed.** Applications must be postmarked no later than **November 30, 2023.**

**THE FOLLOWING INFORMATION MUST BE INCLUDED:**

- THIS APPLICATION AS COVERSHEET
- CERTIFICATION COSTS RECEIPTS OF PAYMENT
- COMPLETED W9
- COPY OF ORGANIC CERTIFICATE
- A COMPLETED ACH FORM

**APPLICANT INFORMATION**

**CHECK ALL THAT APPLY**

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

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 (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Applicant Signature \_\_\_\_\_ \*Ensure signature matches on W-9

For Administrative Use Only

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

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