

INSTRUCTIONS

- 1-2. Name and Title of **individual completing this application.**
3. Names of **ALL** persons listed on organic certificate or renewal certificate who will receive reimbursement payments in equal division of the total reimbursement amount must be completed in section B. If certificate is for business, please complete section A.

SS# or business FEIN# that matches the Payee(s) listed in item 3.
- 4-10. Owner contact information. This is where any and all correspondence as well as the reimbursement check will be mailed.
11. Organic operations may receive one reimbursement per certificate or scope of certification per year. The NOP currently recognizes four scopes of certification: crops, wild crops, livestock, and processing/handling. This means that operations with more than one certification scope may be eligible for more than one reimbursement.
12. Circle **Certification** if this is your first certification year or **Renewal of Certification** if your certification was renewed this year. **IMPORTANT: You DO NOT need to send a copy of your certificate with the application!**
13. This is the unique certification number as it appears on the certificate you receive from your certification agency. Contact your certification agency if you do not know this number.
14. **Please include the dollar amount for the total costs of your certification or renewal certification for this cost share year. Invoices and proof of payment should be included with your application. Please remember, the cost share year is on or between October 1, 2014 and September 30, 2015.**

ALLOWABLE COSTS:

- Application Fees
- Inspection Fees, including Travel Costs and Per Diem for Organic Inspectors
- Certification Costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements
- User Fees/Sale Agreements
- Postage

UNALLOWABLE COSTS:

- Inspections due to violations of USDA Organic regulations
- Charges related to non-USDA organic certifications
- Transitional Certifications
- Other labeling program
- Materials, Supplies, Equipment
- Late Fees
- Membership Fees
- Consultant Fees

15. (1) Check yes or no in answer to the supplied question. If you answered **NO** please explain below.

(2) Check yes or no in answer to the supplied question. If you answered **YES** please list farms below and attach additional sheet(s) if necessary.
16. Name and contact information for your certifying agency. **If you checked Other**, please fill out information below:

Certification Agent/Agency: _____
Address: _____
Phone#: _____ Fax: _____ Email: _____
17. **Signature of all payees as listed in item 3.**

*Applications postmarked after **November 13, 2015** may not be processed. If you have any questions, or need additional information, please contact Kyle Heffner. Additional applications may also be printed out from our website – www.pagrows.com

Contact Information:

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