



STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
DIVISION OF AGRICULTURE & RESOURCE MARKETING
235 Promenade St., Providence, RI 02908-5767
<http://www.rigrown.ri.gov> Tel: 401-222-2781 TDD: 711

March 23, 2015

To: Certified Organic Farms and Handlers in Rhode Island

Re: USDA ORGANIC CERTIFICATION 2014-2015 COST-SHARE PROGRAMS

The Rhode Island Department of Environmental Management, Division of Agriculture, is participating in USDA's Organic Certification Cost-Share programs and you may be eligible for reimbursement. **Four categories of certification are eligible for reimbursement including the producer categories of crops, wild crops and livestock, and the handler category. Applicants must be certified operations located within the State of Rhode Island.**

Operations must possess USDA organic certification at the time of application to be eligible to receive reimbursements. To be eligible, between October 1, 2014, and September 30, 2015, the organic operation must have have paid fees/expenses related to its initial certification, and obtained certification from a USDA-accredited certifying agent, or must have paid expenses/fees related to the renewal of its USDA organic certification from a USDA-accredited certifying agent.

Payments are limited to 75% (seventy-five percent) of an individual producer's or handler's allowable certification costs, up to a maximum of \$750 (seven hundred and fifty dollars) per certificate or category (scope) of certification, per year. See the last page of this application packet for a link to examples of costs that are eligible for reimbursement.

In the event that demand exceeds the amount of funds allocated by USDA to Rhode Island, applications will be processed on a first-come, first-served basis. Certification-related expenses which are eligible for reimbursement include those costs listed in **USDA Organic Certification Cost Share Programs, Fiscal Year 2015 Terms and Conditions:**

<http://www.ams.usda.gov/services/grants/occp>

APPLICATIONS MUST BE RECEIVED BY THE RHODE ISLAND DEM DIVISION OF AGRICULTURE NO LATER THAN SEPTEMBER 30, 2015. These forms are available at:
<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/orgcossh.pdf>

If you have questions in regard to this program, or to request an application, please contact Matt Green by calling (401) 222-2781, ext. 4516, or by email: matt.green@dem.ri.gov



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STATE USE ONLY

Approval Date: _____

Reimbursement Data:

Date: _____

Amount: _____

Program: AMA
 National

USDA ORGANIC CERTIFICATION COST-SHARE PROGRAMS

APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT

<http://www.dem.ri.gov/programs/bnatres/agricult/pdf/orgcossh.pdf>

PLEASE PRINT OR TYPE

Certification Information

Certification category(ies): Crops Wild crops Livestock Handling

Effective date of certification: _____

APPLICANT INFORMATION

Name of Farm or Handler
(if applicable) _____

Name of Applicant* _____

Address

Number & Street _____ City _____ State _____ Zip Code _____

Mailing Address
(If different)

Number & Street _____ City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____

E-mail Address _____

Contact Name _____

CERTIFYING AGENT INFORMATION

Certifying Agency

(Company Name)

Address

Number & Street _____ City _____ State _____ Zip Code _____

Phone Number _____

Fax Number _____

Certification cost (allowable fees and costs):

75% of certification cost: _____ Amount requested to be reimbursed up to the allowed USDA program limit. Requests for reimbursement will be considered on a first-come, first-served basis.

Applicant's Signature

Date

IMPORTANT

THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:

COMPLETED W-9 FORM - ENCLOSED

ITEMIZED RECEIPT FOR CERTIFICATION-RELATED EXPENSES (see attached Section 7.2 summary for eligible costs)**

RECEIPTS OF PAYMENT FOR ELIGIBLE EXPENSES NOT INCLUDED ON INVOICES (e.g. Postage)

PHOTOCOPY OF ORGANIC CERTIFICATE AND PROOF OF CONTINUATION OF CERTIFICATION**

****Only for certification by agency other than RIDEM.**

*** Checks will be made payable to the name and address submitted on the W-9 Form, which must be the same name that appears on the check(s) used by the applicant to pay certification fees.**

APPLICATIONS MUST BE RECEIVED BY THE RI DIVISION OF AGRICULTURE
 NO LATER THAN SEPTEMBER 30, 2015.

Please copy for your records and submit signed and dated original with required documentation to:
 RIDEM Division of Agriculture, Attn: Matt Green, 235 Promenade St, Rm 370, Providence, RI 02908.

**State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Summarized from **USDA Organic Certification Cost Share Programs**
Fiscal Year 2015 Terms and Conditions

<http://www.ams.usda.gov/services/grants/occp>

7.2 ALLOWABLE AND UNALLOWABLE COSTS FOR CERTIFIED ORGANIC OPERATIONS

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 Assessments
- 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

Requests for reimbursement require an itemized receipt that identifies allowable costs paid within the qualification period of October 1, 2014 through September 30, 2015. Any submitted "invoice" must be a receipt that shows evidence of payment (not only billing) of certification costs.

7.5 CERTIFICATION COST REIMBURSEMENTS ALLOWANCES

Reimbursements to certified organic operations are limited to 75% of the operation's total allowable certification costs, up to a maximum of \$750 per certification scope.

See NOP FAQs for scenarios: <http://www.ams.usda.gov/sites/default/files/media/OCCSP%20FAQ.pdf>