



Illinois Organic Certification Cost-Share Program

For Certified Producers and Handlers



To apply for reimbursement, please complete this form, a W-9 form (Rev. 10/07) and return along with a copy of your certificate or continuation of certification document (with effective date) and a copy of your paid, itemized invoice. Upon receipt of your documents, the Illinois Department of Agriculture will confirm certification and payments through your USDA/NOP approved certifier and then provide reimbursement to the mailing address listed on this form. Mailing address must match the address listed on the W-9 form. Please note that incomplete forms may delay your reimbursement.

Based on the receipt of the completed application packet by the Illinois Department of Agriculture, reimbursements will be on a first-come, first-served basis until the limited program funds are exhausted. If you have questions, please contact Delayne Reeves at 217/524-9129 or email delayne.reeves@illinois.gov.

Please print clearly or type

Contact/Owner Name _____ Company/Farm Name _____ Farm Address _____ City _____ State _____ ZIP _____ Mailing Address _____ City _____ State _____ ZIP _____ Phone _____ Fax _____ County _____ E-mail _____ Certifying Organization _____ Certification Expense \$ _____ Total Certified Acres _____	<div style="text-align: center;">Certified Products <i>(Please check all that apply)</i></div> <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Poultry (layers) <input type="checkbox"/> Poultry (meat) <input type="checkbox"/> Corn <input type="checkbox"/> Soybeans <input type="checkbox"/> Wheat <input type="checkbox"/> Tobacco <input type="checkbox"/> Oats <input type="checkbox"/> Other Small Grain <input type="checkbox"/> Fresh Market Vegetables <input type="checkbox"/> Other <i>(please indicate)</i> _____ <small>Attach additional detailed list if necessary.</small>
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I certify that the above information is accurate and that no part of the certification expense has been reimbursed from other sources.

Contact/Owner Signature _____ Date _____

Mail Application Packet To:

Illinois Organic Certification Cost-Share Program
Illinois Department of Agriculture
Bureau of Marketing and Promotion
State Fairgrounds, P.O. Box 19281
Springfield, IL 62794-9281

For office use only			
Date of Certification/Recertification			
10/1/2008 - 9/30/2009			
Actual Certification Cost from Invoices		\$	
<input type="checkbox"/> 75% =	\$	<input type="checkbox"/> \$750	
Approved by		Date	