

CONTACT PERSON

## ORGANIC CERTIFICATION COST-SHARE PROGRAM APPLICATION

The Organic Certification Cost-Share Program is designed to provide assistance to organic producers, processors, handlers, and retailers who receive and/or update their organic certification between October 1, 2007 and September 30, 2008. Cost-Share payments will be limited to 75 percent of an individual operation's certification costs, up to a maximum of \$750.00 per certification. Applications <u>must</u> be received no later than June 30, 2009 to be eligible for the 2008 cost-share program.

Only producers, processors, handler and retailers within Washington State are eligible to receive cost-share money from the Washington State Department of Agriculture (WSDA). If your certified farm or facility is located in a state outside of Washington State, you must contact your state department of agriculture for a cost-share application.

DIGINESO MANE			
BUSINESS NAME			
MAILING ADDRESS			
CITY	STATE		ZIP
PRIMARY PHONE NUMBER		ALTERNATE PHONE NU	] MBER
FAX NUMBER		EMAIL ADDRESS	
In order to receive cost-share funds, eligible p application and the W-9 form each time organic fees designated under chapter 16-157 WAC as Fees", and "Certification Fees". International certification costs are not eligible for cost-share	certifica "Annual I certific	tion costs are in Fees", "New A	ncurred. Certification costs include those pplicant Fees", "Application Fees", "Site
Please fill in the amount of certification costs.	sts. Certification Costs: \$		
If someone other than you or your company pays entity who pays the certification costs.	for your	certification, ple	ase list the name and phone number of the
NAME OF ENTITY WHO PAYS		PHONE NUMBER	
Please complete and submit the enclosed W-9 for in order to receive the full amount available under			
Are you certified by Washington State Department	_		
If Yes, what is your certification number? Certif			
If No, you must be certified by a USDA accredite organic certificate, and receipt of certification fee			
Agreement [The person signing the application mus	st be auth	norized to repres	ent the firm.]
Signature of Representative			Date
Print Name		Tit	le
0=1	ND 4 DC:	IOATION TO	

**SEND APPLICATION TO:** 

Washington State Dept. of Agriculture
Organic Food Program
PO Box 42560
Olympia, WA 98504-2560