



IN COOPERATION

Application for Organic Certification Cost-Share Assistance

Organic producers and/or value added producers who receive or continue organic certification from a USDA accredited certifying agent between **October 1, 2015 and September 30, 2016**, may apply for cost-share assistance. Reimbursement of 75 percent of an individual's certification costs, up to a maximum of **\$750** per certification scope. <u>Such certification costs must be paid during the period stated above</u>.

Hawaii has a reimbursement budget of **\$31,900** for organic growers/producers, and **\$81,000** for organic value added producers/handlers.

Deadline for receipt of all applications and documents is Friday, October 14, 2016. Applications received after the deadline will not be reviewed.

| Farm or Business Name | | dba | | |
|--|--|---|--|--|
| Mailing Address | | Farm or Business Address | | |
| City, State, Zip | | City, State, Zip | | |
| Fax | E-mail | | | |
| USDA accredited Certifying Agent: | | | | |
| I am certified as an organic: Grower/Producer Processor/Handler Check the box which applies. If you are certified as both a grower/producer and processor/handler, please submit separate applications for each certification. | | | | |
| For Producers: Acreage Certified: Primary Crops Certified: | | | | |
| Please attach copies of: Your Organic Certificate or Notice of Continued Certification (with certificate to follow) | | Signature (required) | | |
| Paid statement(s) for cost of Organic Certification. | | | | |
| □ Completed Form W-9.* | | Date: | | |
| □ Copy of a sample invoice w/Company & address.* | | | | |
| *NOT required if previously submitted and your name and address are unchanged - check here NOTE: Incomplete or incorrect information may lead to delays or denial | | | | |
| If necessary, when is the best time to contact you? \Box morning \Box afternoon \Box evening | | | | |
| Deadline: October 14, 2016 For Office Use Only | | | | |
| | Agent: Agent: Agent: Agent: Solutions for each cert Agentified: Agent: | Farm or Business Address City, State, Zip Fax E-mail Agent: Grower/Producer Processor/Handler s. If you are certified as both a grower/producer and process pplications for each certification. ertified: Primary Crops Certified: Signature (required) of Organic Certification. w/Company & address.* Date: | | |

| Mail completed form to: | Verified byon | Postmark/Date Received: |
|--|------------------------|--|
| Hawaii Dept. of Agriculture Agricultural Development Division | Requisition entered on | Cost of Cert |
| ATTN: Organic Certification Cost- | P.O. #: | X 0.75 |
| Share Program 1428 S. King Street Honolulu, HI 96814-2512 | Check Mailed on | Amt. Cost Share (\$750 maximum per scope) |
| Phone: (808) 973-9595 | Initials | (************************************** |