



**ORGANIC HANDLERS
 CERTIFICATION COST-SHARE ASSISTANCE APPLICATION
 ADMINISTERED BY THE
 DELAWARE DEPARTMENT OF AGRICULTURE
 2320 SOUTH DUPONT HIGHWAY
 DOVER, DE 19901**

Organic handlers or processors holding a valid certificate or proof of continued certification issued by a USDA-accredited certifying agent with an effective date during the period October 1, 2011 to September 30, 2012 may apply for cost-share reimbursement for 75% of certification fees, up to a maximum of \$750.00.

To apply for assistance, complete this application, attach a copy of your certification and receipt showing payment, and a copy of your invoice showing total cost and services rendered by certifying agent.

**Submit to: Delaware Department of Agriculture
 Attention: Jo-Ann Walston
 2320 South DuPont Highway, Dover, DE 19901**

NAME OF PAYEE—Must be same as person or business paying certification fees and match the social security or tax identification number listed below.		
CONTACT PERSON OR BUSINESS NAME (if different than payee)		
NAME OF FARM		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		
EMAIL ADDRESS		
SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER FOR PAYEE		
LOCATION ADDRESS, IF DIFFERENT FROM MAILING ADDRESS		
CITY	STATE	ZIP CODE
CIRCLE - COST-SHARE CATEGORY:	PROCESSOR	HANDLER
LIST ORGANIC PRODUCT/LIVESTOCK		
CIRCLE - REIMBURSEMENT FOR:	FIRST TIME CERTIFICATION	RENEWAL OF CERTIFICATION
DATE OF CERTIFICATION or RENEWAL	CERTIFICATION NUMBER	
CERTIFICATION AGENT/AGENCY		
ADDRESS:		
CITY:	STATE	ZIP CODE
<p>I hereby apply to the Delaware Department of Agriculture for reimbursement fees under the Federal Organic Cost-Share Program given under the authority of the Federal Crop Insurance Act (7U.S.C. 1501 et seq.) and Agricultural Risk Protection Act of 2000. I verify that the information I provided on this application is true and correct.</p>		
Applicant's Signature:		DATE
Applicant's Signature:		DATE



**FEDERAL ORGANIC COST-SHARE PROGRAM APPLICATION
ADMINISTERED BY THE
DELAWARE DEPARTMENT OF AGRICULTURE
2320 SOUTH DUPONT HIGHWAY'
DOVER, DE 19901**

INSTRUCTIONS

NAME OF PAYEE—Name of individual applying for the organic cost-share program.

MAILING ADDRESS - Owner contact information. This is where any and all correspondences as well as the reimbursement check will be mailed.

CONTACT PERSON OR BUSINESS NAME (if different than payee)

SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER FOR PAYEE - SS# or EIN# that matches the Payee.

CIRCLE—COST-SHARE CATEGORY: Circle all that pertain to your organic operation
LIST ORGANIC PRODUCT/LIVESTOCK:

CIRCLE—REIMBURSEMENT FOR: Circle First Time Certification if this is your first certification or circle Renewal Certification if your certification is a renewal.

DATE OF CERTIFICATION or RENEWAL: Date as it appears on your organic certificate or your renewal certificate. This is not your inspection date or date you paid your fees. This date must be on or between October 1, 2010 and September 30, 2011. If you have not received your certificate before the application deadline, submit the application without a date listed and indicate no certificate. Applications will be held until a certificate date is provided wither in writing, by phone or email.

CERTIFICATION AGENT/AGENCY—Name and contact information for you certifying Agent/Agency.

If you have any questions or need additional information

Jo-Ann Walston
Delaware Department of Agriculture
2320 South DuPont Highway
Dover, DE 19901
302-689-4592
JoAnn.Walston@state.de.us