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FOOD QUALITY ASSURANCE PROGRAM
(410) 841-5769 FAX (410) 841-2750

Organic Certification Cost Share Reimbursement Application

The Agricultural Management Assistance Program authorized under the Federal Crop Insurance Act provides for reimbursement of organic certification costs. Producers and handlers certified by USDA accredited certifiers are eligible to receive reimbursement for 75% of certification fees, up to a maximum of \$750.

To apply for reimbursement, complete this application and submit to the address listed below. If you are located in Maryland and not certified by MDA, you must submit a copy of the receipt for your certification fees with this application to receive the reimbursement.

Send to: MDA Organic Certification Program, 50 Harry S. Truman Parkway, Annapolis, MD 21401

MDA cannot issue reimbursement without a social security number for individuals or a tax id (fid or ein) for businesses.

Form with fields: NAME OF PAYEE, CONTACT PERSON OR BUSINESS NAME, MAILING ADDRESS, CITY, STATE, ZIP CODE, PRIMARY PHONE NUMBER, SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER FOR PAYEE, LOCATION ADDRESS, DATE OF CERTIFICATION COSTS

Calculate your reimbursement:

Example: If your certification costs were \$500, you will receive 75% reimbursement, which would be \$375.00. If your certification costs were \$1,500, 75% would equal \$1,125 you will receive \$750.00, as that is the maximum you may be reimbursed.

Certification fees paid = \$ _____ X 75% (0.75) = \$ _____ (Maximum \$750.00)

Signature of Applicant(s) _____ Date _____

To apply for reimbursement, complete this application, and if certified by MDA, include with your organic certification application and fee. If not certified by MDA, submit with a copy of the receipt for your certification fees from your accredited certifier and provide the number of certified acres, if applicable. Acres certified _____

Administrative Use Only:

Date Application Received: _____ Amount of reimbursement issued: \$ _____
Date Check/Receipt Received: _____ Check # _____ Check Amount: \$ _____

Action Taken:

Approved _____ Denied: _____ By: _____ Date: _____
Date Payment Processed: _____