



## 2020 Cost Share Application USDA National Organic Program

*Send Applications to Address Above*

All fees must be **PAID** to qualify for Cost Share from **October 1, 2019 to September 30, 2020**. Applicant's operations must be located in Montana. Federal funds are limited and will be granted on a first come, first served basis.

**Application Deadline October 31, 2020.**

Name		Business Name	
Mailing Address			
City	State	Zip Code	Primary Phone No.
Alternate Phone No.		Email	

Producer Certification Costs	Crops	Livestock	Certifying Agency:
Annual Certification Fee:	\$	\$	Date Paid:
Sales Assessment Fee:	\$	\$	Date Paid:
Inspection fee:	\$	\$	Date Paid:
Total certification costs:	\$	\$	

Handler Certification Costs (if applicable):	Handler	Certifying Agency:
Annual Certification Fee:	\$	Date Paid:
Sales Assessment Fee:	\$	Date Paid:
Inspection Fee:	\$	Date Paid:
Total certification costs:	\$	

I, the undersigned, state that the information contained in this application is true to the best of my knowledge. Further, I understand that my cost share payment will be no more than 75% of my total qualifying certification costs up to a maximum of \$750 for each category of certification (handler, crop, livestock, or wild crop) for a maximum \$3,000 if applying for all categories.

- I have attached a completed federal **IRS W-9**. Complete only ONE either the SSN or TIN number, not both, to whom the person or business named to whom payment will be issued.
- I have attached invoices or receipts itemizing the costs listed above (include check numbers and dates paid). *If you are certified by Montana Department of Agriculture you do not need to supply receipts.*
- I have attached a proof of organic certification during the qualifying period for the operation(s)

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Application must be signed to qualify.**

### For Department Use Only:

Date Received: \_\_\_\_\_

Total Qualifying Crop Producer: \$ \_\_\_\_\_ x.75= \_\_\_\_\_ or Max \$750

Total Qualifying Livestock Producer: \$ \_\_\_\_\_ x.75= \_\_\_\_\_ or Max \$750

Total Qualifying Handler: \$ \_\_\_\_\_ x.75= \_\_\_\_\_ or Max \$750

Vendor ID# \_\_\_\_\_ Total Payment \_\_\_\_\_

Program Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Bureau Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_