

## **1999 Organic Certification Cost Share Reimbursement Application Form**

### **Instructions**

1. Farm must be within the State of Minnesota.
2. Farm must have been inspected and certified in calendar year 1999.
3. Certification must have been granted in calendar year 1999 for farm production in 1999.
4. Certification agency must be a Designated Certification Organization (DCO) or Approved Certification Organization (ACO) listed by the Minnesota Department of Agriculture. As of October 6, 1999 current DCO's are Farm Verified Organic (FVO), Living Farms, Organic Crop Improvement Association (OCIA), Organic Growers and Buyers Association (OGBA) and Quality Assurance International (QAI). Current ACO's are California Certified Organic Farmers (CCOF) and Oregon Tilth, Washington State Dept. of Agriculture and the Maine Organic Farmers and Gardeners Assn. (MOFGA).
5. In the case of multiple certifications, only one payment shall be made for each farm.
6. Each farm is eligible for a payment of up to two-thirds the total cost of certification with a maximum payment of \$200.
7. Certification costs include inspection fees as well as fees charged by the certification agency.
8. In the event that demand exceeds the supply of funds, all applicants shall receive a prorated payment based on the total amount of requests.
9. This form, along with a photocopy of your 1999 Organic Certificate from your certification organization and proof of payment must be submitted to the Minnesota Department of Agriculture, Attn: Prescott Bergh, Organic Program, 90 W. Plato Blvd., St. Paul, MN 55107.
10. Applications must be postmarked no later than December 31, 1999.

### **Return to:**

Minnesota Department of Agriculture  
Attn: Prescott Bergh, Organic Program  
90 West Plato Blvd.  
St. Paul, MN 55107  
651-215-0367

**Application must be postmarked by December 31, 1999**

# 1999 Organic Certification Cost Share Reimbursement Application Form

PLEASE PRINT YOUR RESPONSES BELOW

Name: \_\_\_\_\_

Farm /Business name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mobile phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Farm location if different than above: \_\_\_\_\_

Farm ownership: \_\_\_\_ Sole proprietor \_\_\_\_ Partnership \_\_\_\_ Limited Liability Corporation \_\_\_\_ other

Farm certified by:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of most recent organic certificate from agency: \_\_\_\_\_

(Attach photocopy of certificate)

Total paid for certification for 1999 crop year: \$ \_\_\_\_\_

(Attach copy of proof of payment)

## Organic Crops

(Please add a **T** after each number if transitional)

List Crop

	Crop 1	Crop 2	Crop 3	Crop 4	Crop 5
Acres Farmed Organically	_____	_____	_____	_____	_____
Acres Farmed in Transition	_____	_____	_____	_____	_____
Acres Farmed Conventionally	_____	_____	_____	_____	_____
Total Acres Farmed	_____	_____	_____	_____	_____

## Organic Livestock

(Please add a **T** after each number if transitional)

	Cows	Heifers	Calves	Steers	Bulls
Number of Beef Cattle	_____	_____	_____	_____	_____
Number of Dairy Cattle	_____	_____	_____	_____	_____

	Sows Barrows	Gilts Boars	Feeders <sup>32</sup>		
Number of Hogs	_____	_____	_____	_____	_____

	Meat Birds	Layers
Number of Chickens	_____	_____
Number of Turkeys	_____	_____
Other _____		

