

**NEW YORK STATE  
DEPARTMENT OF AGRICULTURE AND MARKETS**

**2020-21 Application for Organic Certification Cost Share Program**

Fill out this form completely (see guidelines on reverse side) and attach proof of expenses (cancelled check, "paid" invoice, etc.) that were paid between October 1, 2020 and September 30, 2021. If this is your first year of certification, you must also include a copy of your certificate issued by a USDA-accredited certifying agent.

**APPLICATION DEADLINE – November 1, 2021**

Anyone receiving payment from New York State must be registered in the New York State vendor system. If you do not already have a New York State Vendor Identification Number, you must submit a substitute W9 form with this application so one can be issued.

**NEW YORK STATE VENDOR IDENTIFICATION NUMBER:** \_\_\_\_\_

<b>OWNER NAME</b>		<b>BUSINESS NAME</b>	
<b>CONTACT NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>
<b>PHONE</b>	<b>EMAIL</b>	<b>COUNTY</b>	

Have you applied for reimbursement through USDA's Farm Service Agency? ☐ YES ☐ NO

**Scope of Certification** - Check all that apply and indicate fee paid for each category. If you do not know the amount paid for each category, enter the total amount of certification fees on the "Total fees paid" line.

☐ **CROPS**/fee paid \$ \_\_\_\_\_

☐ **LIVESTOCK**/fee paid \$ \_\_\_\_\_

☐ **WILD CROPS**/fee paid \$ \_\_\_\_\_

☐ **PROCESSING-HANDLING**/fee paid \$ \_\_\_\_\_

**Certifier:** \_\_\_\_\_ **Total fees paid:** \$ \_\_\_\_\_

*(Membership, transitional and late fees are not reimbursable)*

**Reimbursements for estimated fees paid:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Submit Application by November 1, 2021 to:</b>
NYS Department of Agriculture and Markets Organic Cost Share Program 10B Airline Drive Albany, NY 12235 <b>Email: Agr.Sm.Organic@agriculture.ny.gov</b> <b>Fax: (518)457-2716</b>

FOR OFFICE USE ONLY	
Reimbursement Amount  \$500                  \$1000  \$1500                \$2000  Other _____	Initials _____ Date _____  <input type="checkbox"/> - Renewal  <input type="checkbox"/> - New _____  Handler <input type="checkbox"/> Producer <input type="checkbox"/>



## Agriculture and Markets

**RICHARD A. BALL**  
Commissioner

August 18, 2021

The New York State Department of Agriculture and Markets is now accepting applications to participate in the 2020-21 Organic Certification Cost Share Program. Payment to eligible applicants will be 50% of an individual's annual certification costs up to a maximum \$500 reimbursement per category of certification. To qualify for reimbursement, your initial certification or renewal certification **must be effective between October 1, 2020 and September 30, 2021**.

Reimbursements are issued on a first-come, first-served basis until all funds are exhausted, so it benefits you to submit your application as soon as possible--but **not later than November 1, 2021**. A postcard or email (if an email address has been provided) will be sent to you acknowledging receipt of your application. **Please note that the time between submission of this form and receipt of payment may be several months. If you do not receive a check by January 10, 2022, call (518) 485-9974.**

### APPLICATION GUIDELINES

**NEW YORK STATE VENDOR IDENTIFICATION NUMBER:** Any vendor receiving payment from New York State must be registered in the New York State vendor system. If you do not already have a New York State Vendor Identification Number, you must submit a W9 form or substitute W9 form with this application so that one may be issued to you. The substitute W9 form can be found at [http://www.osc.state.ny.us/vendors/forms/ac3237s\\_fe.pdf](http://www.osc.state.ny.us/vendors/forms/ac3237s_fe.pdf). The information provided by you on the W9 form will be used to set up your profile in the vendor system.

**OWNER NAME:** Business owner.

**CONTACT NAME:** Individual who should be contacted if there are any questions with the application.

**MAILING ADDRESS:** If you have been assigned a vendor identification number and your address has changed, you must update your address with the NYS Vendor Management Unit (VMU) by submitting an Update Vendor Default Address form. The form can be found at <http://www.osc.state.ny.us/vendors/forms/ac3326s.pdf> or contact the VMU by phone at (855) 233-8363, email [HelpDesk@sfs.ny.gov](mailto:HelpDesk@sfs.ny.gov).

**SCOPE OF CERTIFICATION:** Category(ies) of certification and fee paid.

**CERTIFIER:** Name of organic certifying agency.

**TOTAL FEES PAID:** Total amount of fees paid for this year's certification. Payments must have been paid between **October 1, 2020 and September 30, 2021**. Late fees are not eligible.

### FAILURE TO PROVIDE ANY OF THE FOLLOWING INFORMATION WILL RESULT IN A DELAY OF REIMBURSEMENT

1. Itemized invoice and proof of payment for certification-related expenses. Proof of payment can be a cancelled check, invoice marked "paid in full", etc.
2. **If a newly certified operation**, a copy of your organic certificate valid during the program period of 10/1/2020 and 09/30/2021. **If you are renewing, a copy of your certificate is not required.**
3. W9 or substitute W9 form, if you do not have a NYS Vendor Identification Number.

**If you have any questions concerning the Organic Certification Cost Share Program or need assistance completing this application, contact (518)485-9974 or [agr.sm.organic@agriculture.ny.gov](mailto:agr.sm.organic@agriculture.ny.gov). Thank you.**