



Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor
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Mary Ellen Setting, Deputy Secretary

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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 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. Receipts for October 1 through September 30 must be submitted **no later than September 30** each year. **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.

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)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER	SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER FOR PAYEE	
LOCATION ADDRESS, IF DIFFERENT THAN MAILING	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)
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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: _____