New Hampshire

Department of Agriculture, Markets & Food

Scope: Producer _____

Federal Grant Agreement: AMA-2017 _____

NOCCSP-2017_

Handler _

Federal Organic Certification Cost Share Application

To be eligible for reimbursement the operation must have received organic certification between October 1, 2016 and September 30, 2017. The amount of reimbursement is 75% of certification costs (maximum of \$750). Applications must be received no later than October 15, 2017

PRODUCER/HANDLER INFORMATION							
First Name		M.I.	Last Name				
Company/ Farm Name		I					
Address							
		T		Γ			
City		County		State	Zip code		
	-						
Phone Number	Email Address			Certifying Agent (i.e. NHDAMF)			

CERTIFICAT	ION INFORMATION						
Certificate #	Scope (Crop/Livestock/Handler)	Issue Date of Certification	Certification Fee		ection ee	Other Costs**	
			\$	\$ \$ \$		\$ \$	
			\$				
			\$			\$	
<u>NOTE</u> : You must attach evidence of the following requirements:		Total of all boxes =		\$			
 Certification under the National Organic Program Proof of payment/itemized receipt of costs paid within grant period W-9 Tax form with any updated information 		**Other eligible costs may include: fees for soil tests, compos analysis tests, forage analysis tests, and/or fees for copying required documentation used to determine NOP compliance					

ATTESTATION

I certify that the above information is true and correct, and the operation stated above received organic certification during the period October 1, 2016 and September 30, 2017.

Certified Producer/Handler Signature

Date

Mail Application and Supporting	For Official Use Only					
Documents To: NH Dept of Agriculture, Markets & Food Organic Cost Share Program PO Box 2042 Concord NH 03302-2042	Reimbursable Costs From Total Fees Paid	□ X 75% =			\$750	
	Approved By		<u>Date</u>			
	Account #:					