



*Administered by OEFFA
on behalf of all of Ohio's Certified
Producers and Handlers.*

ORGANIC CERTIFICATION COST-SHARE PROGRAM FOR OHIO PRODUCERS AND HANDLERS

Instructions for Requesting Reimbursement
for certification expenses paid between
October 1, 2018 – September 30, 2019

APPLICATIONS MUST BE POSTMARKED BY OCTOBER 31, 2019

Ohio producers or handlers who paid fees to begin or renew their organic certification during the period October 1, 2018 to September 30, 2019 are eligible to receive reimbursement for 75% of eligible certification fees, up to a maximum of \$750 for each scope certified (i.e., crops, livestock, handling, wild cropping).

Eligible expenses include certification application fees, inspection costs, any user fees or sales assessments, and postage.

You may not request reimbursement for late fees, inspections due to violations of NOP regulations, materials, supplies, and equipment, charges for non-NOP certifications or other labeling programs, membership fees, or consultant fees.

To apply for reimbursement, complete this application form and submit the additional items indicated below. Completed applications and all necessary documents must be postmarked by **October 31, 2018**. **Please allow up to 10 weeks to receive your reimbursement.**

For new producers or handlers: once you have received your certificate, all of the following must be submitted:

1. Completed Organic Certification Cost Share Reimbursement Application Form [includes Payee Data Record in lieu of IRS W-9 tax form]
2. Copy of your Certification of Organic Operation
3. Copy of invoice(s) showing the fees you paid for certification between October 1, 2018 and September 30, 2019 for certification expenses eligible for reimbursement (see above). Invoices must be marked **paid** by the certifying agent and a **zero (0) balance due**.

For renewing producers and handlers: you may submit your request for reimbursement before you receive this year's certificate. Once you have your paid invoice(s), all of the following items must be submitted:

1. Completed Organic Certification Cost Share Reimbursement Application Form) [includes Payee Data Record in lieu of IRS W-9 tax form]
2. Copy of your most recent Certification of Organic Operation
3. Copy of invoice(s) showing the fees you paid for certification between October 1, 2018 and September 30, 2019 for certification expenses eligible for reimbursement (see above). Invoices must be marked **paid** by the certifying agent and a **zero (0) balance due**.

Reimbursements will be on a first-come, first-served basis until program funds are exhausted. If you have questions, please call OEFFA Certification at (614) 947-1603 or email costshare@oeffa.org.

To submit, send your complete application and all documentation:

Mail:
OEFFA Cost-Share Reimbursement
41 Crosswell Rd.
Columbus, OH 43214

or **Email:**
costshare@oeffa.org

PLEASE NOTE THAT INCOMPLETE FORMS WILL DELAY YOUR REIMBURSEMENT.

OHIO ORGANIC CERTIFICATION COST-SHARE REIMBURSEMENT APPLICATION

STEP 1: Contact Details

First Name		Middle Initial		Last Name	
Farm or Business Name					
Mailing Address					
City			State	OH	Zip
Telephone			Fax		
Email					

STEP 2: Certification Information

Name of Certification Agency: _____		Certificate Number: _____	
Date current certificate issued: ____/____/____			
Total amount of eligible expenses paid for Certification: \$ _____			
Scope(s) of Certification (check all that apply):			
<input type="checkbox"/> Crops	<input type="checkbox"/> Livestock	<input type="checkbox"/> Wildcrops	<input type="checkbox"/> Processing/Handling

STEP 3: Documentation

Please make sure you have included:	
<input type="checkbox"/> cost share application form (this sheet – both sides)	<input type="checkbox"/> Yes! I've completed the other side of this form
<input type="checkbox"/> copy of certificate (attach your most recent certificate)	
<input type="checkbox"/> itemized invoice(s) for certification expenses paid between October 1, 2018 and September 30, 2019	

STEP 4: Make Reimbursement Check Payable To:

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STEP 5: Authorized Signature

I certify that the above information is true and correct and the operation stated above received or renewed organic certification during the period October 1, 2018 to September 30, 2019 and that no part of the certification expense has been reimbursed from other sources.

Sign Here	Date
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You're not done yet – please complete the reverse side of this form.

<p>Send Application and all Supporting Documents</p> <p>Via postal mail: OEFFA Cost-Share Reimbursement 41 Crosswell Rd., Columbus, OH 43214</p> <p>Or Email: costshare@oeffa.org</p>	<p>For Official Use only:</p> <p>Reimbursable Costs From Invoice: \$ _____</p> <p>Reimbursement \$ _____</p>
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OEFFA PAYEE DATA RECORD in lieu of IRS-W9 form

OEFFA is processing a payment. To conform to regulations, we must have a Federal Tax Identification Number or Social Security Number in our files for vendors and individuals receiving payments. In order to comply, we ask that you provide the following information:

Part 1. General Information

Legal Name of person or company to whom we writing the check (as shown on your US income tax return)

First _____ Middle _____ Last _____

Business Name (if different from above): _____

Mailing Address: _____

City: _____ State: **OH** County: _____ ZIP Code: _____

Part 2. Check Appropriate Box for Federal Tax Classification

- Individual / Sole Proprietor C Corporation S Corporation Partnership Trust/estate
- LLC - C Corporation LLC - S Corporation LLC - Partnership
- Government agency or organization that is tax-exempt under Internal Revenue Service guidelines

Exemptions

Exempt payee code (if any): _____

Exemption from FATCA reporting code (if any): _____

Part 3. Provide Taxpayer Identification Number with name entered above (complete only one):

US Social Security Number:

OR

Federal Employer Identification Number (EIN):

Part 4. Certification – Sign and Date

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined in the additional instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Additional instructions for completing this form available at www.irs.gov/pub/irs-pdf/iw9.pdf or by request to OEFFA.

Sign Here

Signature ►

Date ►