



ORGANIC CERTIFICATION COST-SHARE PROGRAM FOR OHIO PRODUCERS AND HANDLERS

Administered by MOSA Certified Organic on behalf of all of Ohio's Certified Producers and Handlers

Ohio producers or handlers who paid fees to begin or renew their organic certification between October 1, 2023, and September 30, 2024, are eligible to receive **reimbursement for 75% of eligible certification fees up to a maximum of \$750 for each certified scope**, i.e., crops, wild crops, livestock, handling.

Eligible expenses: certification application fees, inspection costs, fees related to equivalency agreement and arrangement requirements, inspector travel expenses, user fees, sales assessments, and postage.

Ineligible expenses: late fees, inspection fees due to violations of NOP regulations, materials, supplies, equipment, fees for non-NOP certifications or other labeling programs, membership fees, and consultant fees.

To apply for reimbursement, complete this application form and submit the items indicated below. **New this year: You do not have to submit a copy of your Organic Certificate;** MOSA will retrieve it from the NOP's Organic Integrity Database.

Completed applications and all necessary documents must be postmarked by **December 20, 2024**. Reimbursements will be paid on a first-come basis until program funds are exhausted. Please allow up to six weeks to receive your reimbursement. MOSA will notify you if your application is incomplete; missing information could delay your reimbursement.

Please submit the following documents:

- Organic Certification Cost Share Reimbursement Application (page 2)
- Copy of invoice(s) from your Certifier showing the fees you paid for certification between **October 1, 2023, and September 30, 2024**. See above for eligible and ineligible certification expenses.
- Completed W-9 Form (attached).

For new producers or handlers: your operation must be certified organic by your Certifier by 9/29/2024 (i.e., you have an Organic Certificate) to be eligible for Cost Share reimbursement.

For questions or to submit your application:

MOSA Certified Organic
PO Box 821
Viroqua, WI 54665
844-637-2526
CostShare@MosaOrganic.org

STATE OF OHIO COST SHARE APPLICATION

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Operation ID (found above your name on the mailing label): _____

Applicant Name as it appears on your Certificate: _____

Operation Name as it appears on your Certificate (if different): _____

Applicant Mailing Address: _____

Operation Address (if different): _____

Phone number: _____ Email: _____

Name of Organic Certifier: _____

Scope of Activity (check all that apply):

- Crops Wild Crops Livestock Processing/Handling

Total of the eligible expenses you incurred between 10/1/2023 and 9/30/2024. \$ _____

Note: paid receipts from your Organic Certifier must be included with this application

I have included my completed [W-9](#) in this application.

By signing this application:

1. I agree to provide MOSA with any documentation required to determine eligibility and to verify and support all information provided;
2. I understand my reimbursement may be delayed or denied if I fail to provide a complete application or any information requested by MOSA;
3. I agree to comply with and acknowledge I am subject to all provisions of the Organic Certification Cost Share Program (OCCSP) as published in the Notice of Funds Availability published in the Federal Register and all applicable rules and [regulations](#);
4. I understand that OCCSP payments are provided on a first-come, first-served basis until all available funds are obligated. Applications received after all funds are obligated will not be paid;

Under penalties of perjury, I certify that (please check all of the boxes):

- The information I have provided in this application is true and correct.
- I understand that failure to provide accurate and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies or sanctions.
- I understand that I may not receive a duplicate Cost Share reimbursement from both MOSA and FSA for the same scope of activity and program year. If it is determined that I have received duplicate benefits, I have no right to retain those payments.

Applicant Signature: _____ Date: _____

Title/Relationship to Certified Operation: _____