Iowa Department of Agriculture and Land Stewardship
2016 Organic Certification Cost-Share Program Application
(Eligibility period 10/1/15-9/30/16) Application Deadline: November 7, 2016

First Name:	Last Name:	*Social Security # (SSN) or Federal ID#	Certifier:
Farm/Business Name:	Telephone:	Email:	
Address:	City:	**State:	Zip:
Categories of certification (Check **all** that apply) ☐ Crop ☐ Livestock ☐ Handler/Processor ☐ Wild Crops			

***Use the # in which you want payment issued/id# for business-SSN for personal **Apply to the state in which your certified operation is located.**

1. Did you apply for organic certification for the first time between 10/1/15 and 9/30/16? ☐ Yes (your certificate must have been issued between 10/1/15-9/30/16 to qualify) ☐ No

2. Did you apply for and receive funds for the organic certification cost share program last year?
   ☐ Yes ☐ No (you must complete a W9 form)

3. Do you have any organic farming operations or processing facilities in any other state(s) for which you will be applying for cost-share? ☐ Yes (List state(s): _____) ☐ No

4. Only 1 application will be accepted per cost share year/per operation. Have you paid all fees for the cost-share period for which you are seeking reimbursement? ☐ Yes ☐ No (wait until fees have been paid, or forego unpaid fees)

5. Are you certified by any of the following certifiers: Ecocert ICO (ICO), International Certification Services, Inc (ICS), Iowa Department of Agriculture & Land Stewardship (IDALS), Minnesota Crop Improvement Assn (MCIA), Midwest Organic Services Assn, Inc. (MOSA), Nature's International Certification Services (NICS), Organic Crop Improvement Association (OCIA), Quality Certification Services (QCS**).** These certifiers have agreed to provide supporting documentation.)

   ☐ Yes (submit this complete, signed application and if you did not receive cost-share last year, a W9)

   ☐ No (You must contact your certifier and obtain and submit copies of all PAID receipts and a copy of your organic certificate (Copies of checks are NOT acceptable). If you did not receive cost-share last year or if you had any changes to your previous information, you also need to submit a W9 form.

Please list information about the fees PAID between 10/1/15-9/30/16:

(Example of fee types can be found in the instructions under allowable-unallowable costs)

Date Pd:	Fee Type:	Amt Pd.	Eligible ☐ Yes ☐ No	IDALS USE ONLY
Date Pd:	Fee Type:	Amt Pd.	Eligible ☐ Yes ☐ No	
Date Pd:	Fee Type:	Amt Pd.	Eligible ☐ Yes ☐ No	
Date Pd:	Fee Type:	Amt Pd.	Eligible ☐ Yes ☐ No	
Date Pd:	Fee Type:	Amt Pd.	Eligible ☐ Yes ☐ No	

I verify that I am certified organic and all information submitted is accurate and true.

_____ _____
Name Date

For those needing it, **W9 on back side**