



National Organic Certification Cost-Share Program Application

Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Social Security or Federal Tax ID Number: _____

Date of New/Updated Certification: _____

Name of Certification Organization (& Chapter # if relevant): _____

<i>Certification Fees</i>	
Application Fee:	\$ _____
Inspection Fee:	\$ _____
Certification Fee:	\$ _____
User Fees (if applicable)	\$ _____
Total Costs	\$ _____

Return the following:

1. This application form.
2. Attached form (Substitute W9/Vendor Update Form) and complete Box A or Box B. Be sure to sign and date the form at the bottom of the page.
3. Copy of your updated Certificate of Organic Operation (Certification date must be between October 1, 2010--September 30, 2011).
4. **Itemized statement of fees paid** from your certifier, **or a copy of checks** showing fees paid for application, inspection, certification costs, and user fees.

Send to:
Iowa Department of Agriculture (IDALS)
Organic Certification Program
Wallace Building, 502 East 9th Street
Des Moines, IA 50319

Deadline: Applications are due in our office
by **November 15, 2011.**