



South Carolina DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

FY 2020 ORGANIC CERTIFICATION COST SHARE REIMBURSEMENT APPLICATION

The South Carolina Department of Agriculture (SCDA) has been awarded funds from the U.S. Department of Agriculture Farm Services Agency for the FY20 National Organic Certification Cost Share Program (NOCCSP). The purpose of the NOCCSP is to defray the costs of receiving and maintaining organic certification. For eligible certification costs incurred between October 1, 2019, through September 30, 2020, organic operations may request reimbursement until December 18, 2020. SCDA is authorized to provide reimbursements to certified organic operators for up to 50% of the operation's total allowable certification costs, up to a maximum of \$500 per certification scope: crops, livestock, wild crops, and handling (i.e., processing).

Please fill out a separate application per scope:

Crops Livestock Wild Crops Handling/Processing

Have you applied for cost share funds with a South Carolina FSA office for dates and scopes shown above?

If YES, you are not eligible for cost share reimbursement from SCDA.

Yes No

Company Name _____

Contact Person _____

Address _____

Phone Number _____ Email _____

Organic Certificate Number _____

SCEIS Vendor Number _____

NOTE: Each company requesting reimbursement must obtain a State of SC Vendor Number. This process is free, and can be completed at procurement.sc.gov/PS/vendor/PS-vendor-registration.phtm. This step is in lieu of submitting private information, including W9 forms, to the SC Department of Agriculture.

Total Cost of Certification _____ (Receipts must be attached) × 50% = _____

Reimbursement Amount Requested _____ (This amount cannot exceed \$500.00)

SCDA GRANTS ADMINISTRATION USE ONLY

Approved Amount to Pay _____
 Not Approved Authorized By _____ Date _____

APPLICANT CERTIFICATION STATEMENT

Each applicant must submit a complete application to SCDA to be eligible to receive program benefits.

A complete application package includes:

1. The FY2020 Organic Certification Cost Share Reimbursement Application
2. A copy of the applicant's organic certificate
3. Itemized documentation of certification expenses paid by the applicant (i.e. copy of paid receipt or canceled check)

By signing this application, applicant:

1. Agrees to provide SCDA any documentation required to determine eligibility and to verify and support all information provided, including applicant's organic certificate;
2. Understands the application may be disapproved if the applicant fails to provide a complete application or any information requested by SCDA;
3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of OCCSP as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
4. Understands that OCCSP payments are provided on a first come, first served basis until all available funds are obligated, and applications received after all funds are obligated will not be paid;
5. Acknowledges that if determined eligible and funding is available, the applicant will receive the lesser of \$500 per scope of activity or 50 percent of the applicant's certification cost, which may be adjusted from the amount requested to reflect eligible allowable costs indicated by the documentation submitted to support the application.

I certify that:

1. All of the information provided in this application by me or my legal representative is true and correct.
2. I understand that failure to provide true and correct information may result in the invalidation of this application, a determination of noncompliance or ineligibility, or other remedies.
3. I understand that I may not receive duplicate benefits for the same scope of activity and program year from both a State Agency and FSA. If it is determined that I have received duplicate benefits, I have no right to keep those payments and will be required to return the funds.

Signature

Printed Name

Date

PLEASE CHECK ONE OF THE FOLLOWING, THEN PROCEED TO PAGE 3:

- I would like to apply for an additional 25% funding from SC Farm Credit Associations.
- I am **not interested** in receiving an additional 25% funding from SC Farm Credit Associations.

SOUTH CAROLINA FARM CREDIT ASSOCIATIONS ORGANIC CERTIFICATION SUPPLEMENT PROGRAM

Congratulations! Upon approval of this reimbursement from SCDA for the FY20 National Organic Certification Cost Share Program (NOCCSP), you will also be approved to receive an additional 25% of your operation's total allowable certification cost up to a maximum of \$250 per certification scope through a partnership with South Carolina Farm Credit Associations.

AgSouth Farm Credit, ACA and ArborOne Farm Credit, ACA have generously offered to supplement the FY20 NOCCSP with additional funding for South Carolina organic growers and producers. To participate in the SC Farm Credit Organic Certification Supplement Program, please carefully read and initial each statement and complete the agreement below to allow SCDA to share your information with the Farm Credit Association that serves your county.

- I hereby agree to allow the South Carolina Department of Agriculture (SCDA) to share my 2020 Organic Certification Cost Share Reimbursement Application with the appropriate Farm Credit Association.

Initial: _____

- I hereby understand that a representative of either AgSouth Farm Credit, ACA or ArborOne Farm Credit, ACA will contact me directly to complete the process for receiving this supplemental funding.

Initial: _____

- I hereby acknowledge that this supplemental funding is not part of the USDA FSA Organic Certification Cost Share Program managed by SCDA and that SCDA is not responsible for my receipt of these additional funds.

Initial: _____

_____ Signature	_____ Printed Name	_____ Date
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SC County Where Organic Operation is Located

RETURN YOUR COMPLETED APPLICATION TO:

SCDA Grants Administration
Attn: Betsy Dorton
PO Box 11280, Columbia, SC 29211
bdorton@scda.sc.gov