



South Carolina DEPARTMENT OF AGRICULTURE

Hugh E. Weathers, Commissioner

FY 2024 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 Service Agency for the FY24 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, 2023, through September 30, 2024, organic operations may request reimbursement until December 9, 2024. SCDA is authorized to provide reimbursements to certified organic operators for up to 75% of the operation's total allowable certification costs, up to a maximum of \$750 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 the dates and scopes shown above?

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

Yes No

Company Name _____

Contact Person _____

Full Address _____ City _____ ZIP _____

Phone Number _____ Email _____

Organic Certificate Number _____

State Vendor Registration Number _____

To do business with the state of South Carolina, each applicant must be registered as a vendor. This process is free and can be completed at procurement.sc.gov/doing-biz/registration.

Total Cost of Certification _____ (Receipts must be attached) × 75% = _____

Reimbursement Amount Requested _____ (This amount cannot exceed \$750.00)

SCDA GRANTS ADMINISTRATION USE ONLY

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

APPLICANT CERTIFICATION STATEMENT

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

A complete application package includes:

1. The FY2024 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)

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 NOCCSP as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
4. Understands that NOCCSP 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 \$750 per scope of activity or 75 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 the excess payment and will be required to return the funds.

Signature

Printed Name

Date

PLEASE CHECK ONE OF THE FOLLOWING:

- I would like to apply for an additional 25% funding from SC Farm Credit Associations. **Please complete page 3.**
- I am **not interested** in receiving an additional 25% funding from SC Farm Credit Associations. **Your application is complete.**

SOUTH CAROLINA FARM CREDIT ASSOCIATIONS ORGANIC CERTIFICATION SUPPLEMENT PROGRAM

Congratulations! Upon approval of this reimbursement from SCDA for the FY24 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 FY24 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 2024 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 understand that ArborOne and AgSouth each have \$5,000 allocated to their respective territories and that once that funding is exhausted, no further reimbursements will be issued.

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

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

*Save this form to your computer first
before filling out and submitting.
Do not submit from an internet browser.*