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Jackie McClaskey, Secretary

Governor Sam Brownback

FY 2017 Organic Certification Cost Share Program Application Form for certified producers and handlers

Under the 2017 program, eligible producers or handlers may receive reimbursement for 75% of their certification costs up to a maximum of \$750. If you are certified in more than one certification category (e.g. crops, livestock, wild crop or handler), you are eligible for up to \$750 for each category. Reimbursable certification costs must be incurred during the period October 1, 2016 through September 30, 2017 (the federal fiscal year), and can include any certification related expenses such as inspection fees and user fees. Any invoices paid between the inclusive dates are eligible for reimbursement regardless of which year's certification they are applied to. The deadline for the application is December 15, 2017.

Details required to apply for reimbursement include:

1. This form/application (completely filled out, signed and dated)
2. [W-9 form](#) (Rev. 08/13) (Available at www.irs.gov)
3. A copy of your current Organic Certificate from your certifier
4. A copy of the itemized paid invoice(s) received from your certifier indicating the date of payment (**we cannot accept copies of canceled checks or invoices that do not show proof of payment**).

Upon receipt of your documents, the Kansas Department of Agriculture will confirm certification and then provide reimbursement to the mailing address listed on this form. Mailing address must match the address listed on the W-9 form. Please note that incomplete forms may delay your reimbursement. Based on the receipt of the completed application packet by the Kansas Department of Agriculture, reimbursements will be on a first-come, first-served basis until the limited program funds are exhausted. Print clearly or type the FY 17 Organic Certification Cost Share Program Application. Further questions can be directed to Kellen L. Liebsch, 785-564-6726.

Contact/owner name: _____

Company/farm name: _____

Company address: _____

City: _____ State: _____ Zip: _____ County: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____

E-mail: _____

Certifying organization: _____

Date of last certification: _____

Certification expense: \$ _____

Certification scopes (please circle/check all that apply). Maximum reimbursement is \$750 per scope.

Crops Livestock Wild crops Handling

I certify that the above information is accurate and that no part of the certification expense has been reimbursed from other sources.

Contact/owner signature: _____ Date: _____