



## Organic Certification Cost Share Reimbursement Application

The USDA is authorized by Congress to provide organic certification cost share assistance to Oregon producers or handlers who have **PAID** eligible costs during the period of **October 1, 2023 to September 30, 2024**. Oregon producers or handlers that receive certification or renew their certification from a USDA accredited certifier are eligible to receive reimbursement for **75% of eligible certification fees, up to a maximum of \$750 per annual certification scope**.

Completed applications and all necessary documents with proof of payment between **October 1, 2023 - September 30, 2024** must be submitted by **December 1, 2024**. Reimbursements will be made on a **first-come, first-served basis until all available funds have been disbursed**.

For completed applications allow 3-4 weeks to receive your reimbursement.

### **INCOMPLETE APPLICATIONS WILL BE RETURNED**

To apply for reimbursement, applicants must provide the following:

- Cost Share Application form
- Copy of Certification Certificate
- Itemized fee invoice marked PAID – If certified through Oregon Dept. of Ag this item is not needed
- W-9 form: **All entities** need to turn in a W-9

### **INSTRUCTIONS TO APPLY**

Please follow the instructions below to upload the documents to the secured FTP server for reimbursement.

If you would like to mail the application please mail it to:  
Oregon Department of Agriculture  
Att: Organic Certification Cost Share Program  
635 Capitol St NE, Salem OR, 97301

**Step 1:** Visit this link online: <https://files.oda.state.or.us/?login=occsrp>

If you are not automatically logged in, the username is: occsrp - There is no password, click Login.

**Step 2:** Click “Choose Files by Selecting.”

**Step 3:** Select the documents from your computer to attach to your application, see list of documents above for required material. **Note: You can only select one document at a time, please click “Select More Files” to select the next document.**

**Step 4:** Fill out requested and required information on the upload page (name, business name, etc.).

**Step 5:** Certify that you are authorized to submit documents on behalf of the organization.

**Step 6:** Click “Begin Upload.” There will be no email notification sent of upload as in past years. Please use the information below if you believe your upload failed.

### **Questions?**

Gabrielle Ugalde **Phone:** 503-986-6473 **Email:** [oda.organiccostshare@oda.oregon.gov](mailto:oda.organiccostshare@oda.oregon.gov)

FSA administers the Organic Cost Share Certification Program using relevant sections of the Organic Foods Production Act of 1990 and the regulations in 7 CFR part 205. Revised: 4/2024



# OREGON DEPARTMENT OF AGRICULTURE

## Organic Certification Cost Share Reimbursement Program

635 Capitol St, NE, Salem, OR 97301-2532

503.986.6473 | Oregon.gov/ODA

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### STEP 1: Contact Details – Contact details must match the W-9 information

First Last Name			
Farm or Business Name			
Address on W-9			
City, State, Zip			
Telephone		Email	

### STEP 2: USDA Accredited Certifying Agent – Which Accredited Certifying Agent issued the certificate

Oregon Tilth, Inc.	Quality Assurance Intl.	CCOF Certification Services
Washington Dept. of Ag.	Oregon Dept. of Ag.	Other

### STEP 3: Certification Scope – Indicate the certification scope the eligible fees cover

Crops	Wild Crops	Processing/Handling	Livestock
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### STEP 4: Date and Amount of Certification Fees PAID – Detail must match information provided

Date certification fees PAID		Total amount of certification fees PAID	\$
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### STEP 5: Authorized Signature

I certify the above information is true and correct, and the operation stated above received certification or paid expenses to renew organic certification during the period of October 1, 2023 to September 30, 2024.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use only:

Total eligible fees paid: \_\_\_\_\_ #of scopes \_\_\_\_\_

Multiply by 75% = \_\_\_\_\_

\$750      \$1,500      \$2,250      \$3,000  
(\$750 maximum payment per scope)

For Official Use only:

Application Approved by/date: \_\_\_\_\_

Reimbursement Approved by: \_\_\_\_\_

(PCA 20694)

### Questions?

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