



## 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, 2019 to September 30, 2020**. Oregon producers or handlers that receive certification or renew their certification from a USDA accredited certifier are eligible to receive reimbursement for **50% of eligible certification fees, up to a maximum of \$500 per annual certification scope**.

Completed applications and all necessary documents with proof of payment between **October 1, 2019 – September 30, 2020** must be submitted by **December 15, 2020**. 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
- W-9 form: New applicants must provide W-9. Previous applicants with a W-9 on file do not need to provide a second copy unless your information has changes.

### **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  
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:** Select the W-9 information box that is reflective of your situation.

**Step 6:** Certify that you are authorized to submit documents on behalf of the organization.

**Step 7:** Click “Begin Upload.”

**You should receive an email with a receipt of your application upload. If you did not receive an email or have questions, please contact the program using the contact information below.**

#### **Questions?**

Gabrielle Redhead **Phone:** 503-986-6473 **Email:** [organiccostshare@oda.state.or.us](mailto:organiccostshare@oda.state.or.us)

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: 9/2020



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

Certification 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, 2019 to September 30, 2020.

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

For Official Use only: Total eligible fees paid: _____ #of scopes _____	For Official Use only: Application Approved by/date: _____
Multiply by 50% = _____	Reimbursement Approved by: _____ (PCA 20497)
\$500    \$1,000    \$1,500    \$2,000 (\$500 maximum payment per scope)	

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