



STATE OF RHODE ISLAND  
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
DIVISION OF AGRICULTURE AND FORESTRY  
235 Promenade St, Rm 370, Providence, RI 02908-5767  
<http://www.dem.ri.gov/> Tel: 401-222-2781 TDD: 711

**To:** Certified Organic Farms and Handlers in Rhode Island

**Re:** USDA ORGANIC CERTIFICATION 2022-2023 COST-SHARE PROGRAMS

The Rhode Island Department of Environmental Management, Division of Agriculture and Forestry, is participating in USDA's Organic Certification Cost-Share programs and you may be eligible for reimbursement. **Four categories of certification are eligible for reimbursement including the producer categories of crops, wild crops and livestock, and the handler (or processor) category. Applicants must be certified operations located within the State of Rhode Island.**

Operations must possess USDA organic certification to be eligible to receive reimbursements. To be eligible, between October 1, 2022, and September 30, 2023, the organic operation must have paid eligible fees/expenses related to its initial or renewal organic certification from a USDA-accredited certifying agent, and the operation must have a valid organic certification under the National Organic Program at the time of application for cost-share reimbursement.

Payments are limited to 75% (seventy five percent) of an individual producer's or handler's allowable certification costs, up to a maximum of \$750 (seven hundred fifty dollars) per certificate or category (scope) of certification, per year. See the last page of this application packet for examples of costs that are eligible for reimbursement, which include those listed in the OCCSP Fact Sheet: <https://www.fsa.usda.gov/programs-and-services/occsp/>

In the event that demand exceeds the amount of funds allocated by USDA to Rhode Island, applications will be processed on a first-come, first-served basis.

**APPLICATIONS MUST BE RECEIVED BY THE RHODE ISLAND DEM DIVISION OF AGRICULTURE NO LATER THAN NOVEMBER 1, 2023.** These forms are available at: <http://www.dem.ri.gov/programs/agriculture/documents/orgcossh.pdf>

Certified organic operations in Rhode Island optionally may apply for USDA organic certification cost share reimbursement instead through the USDA Farm Service Agency (FSA) Kent County office. Required FSA forms and contact information are online at: <https://www.fsa.usda.gov/programs-and-services/occsp/>

If you have questions in regard to this program, or to request an application, please contact the RIDEM Division of Agriculture and Forestry by calling (401) 222-2781, ext. 2774516, or by email: [matt.green@dem.ri.gov](mailto:matt.green@dem.ri.gov)



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**STATE USE ONLY**

Approval Date: \_\_\_\_\_

**Reimbursement Data:**

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

Amount: \_\_\_\_\_

Program:  AMA

NOCCSP

USDA ORGANIC CERTIFICATION COST-SHARE PROGRAMS

APPLICATION FOR ORGANIC CERTIFICATION COST REIMBURSEMENT  
<http://www.dem.ri.gov/programs/agriculture/documents/orgcossh.pdf>

PLEASE PRINT OR TYPE

**Certification Information**

Certification category(ies): Crops  Wild crops  Livestock  Handling

Effective date of certification: \_\_\_\_\_

**APPLICANT INFORMATION**

Name of Farm or Handler (if applicable) \_\_\_\_\_

Name of Applicant\* \_\_\_\_\_

Address  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (If different)  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Contact Name \_\_\_\_\_

**CERTIFYING AGENT INFORMATION**

Certifying Agency \_\_\_\_\_  
 (Company Name)

Address  
 Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address \_\_\_\_\_

Certification cost (allowable fees and costs): \$ \_\_\_\_\_ x0.75 (75%)= \$ \_\_\_\_\_ ; Eligible reimb.= \$ \_\_\_\_\_

*Reimbursement amount requested, up to the allowed USDA program limit, will be considered on a first-come, first-served basis.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT**

**THE FOLLOWING DOCUMENTATION MUST BE INCLUDED WITH THIS APPLICATION:**

- COMPLETED W-9 FORM - ENCLOSED**
- ITEMIZED RECEIPT FOR CERTIFICATION-RELATED EXPENSES\*\* (see attached summary of eligible costs)**
- RECEIPTS OF PAYMENT FOR ELIGIBLE EXPENSES NOT INCLUDED ON INVOICES (e.g. Postage)**
- PHOTOCOPY OF ORGANIC CERTIFICATE AND PROOF OF CONTINUATION OF CERTIFICATION\*\***

**\*\*Only for certification by agency other than RIDEM, unless requesting postage reimbursement.**

**\* Checks will be made payable to the name and address submitted on the W-9 Form.**

**APPLICATIONS MUST BE RECEIVED BY THE RI DIVISION OF AGRICULTURE  
 NO LATER THAN NOVEMBER 1, 2023.**

Please copy for your records and submit signed and dated originals with required documentation to:  
 RIDEM Division of Agriculture, Attn: Organic Cost Share, 235 Promenade St, Rm 370, Providence, RI 02908.

**State of Rhode Island  
PAYER'S REQUEST FOR TAXPAYER  
IDENTIFICATION NUMBER AND CERTIFICATION**

**THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.**

**Taxpayer Identification Number (T.I.N.)**

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

**Social Security No. (SSN)**

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**Employer ID No. (EIN)**

|  |  |
|--|--|
|  |  |
|--|--|

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**(REMITTANCE ADDRESS, IF DIFFERENT)** \_\_\_\_\_

**CITY, STATE AND ZIP CODE** \_\_\_\_\_

**CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

**Certification Instructions** -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

**PLEASE SIGN HERE**

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TEL NO. \_\_\_\_\_

**BUSINESS DESIGNATION:**

Please Check One: Individual  Medical Services Corporation  Government/Nonprofit Corporation   
 Partnership  Corporation  Trust/Estate  Legal Services Corporation

**NAME:** Be sure to enter your full and correct name as listed in the IRS file for you or your business.

**ADDRESS, CITY, STATE AND ZIP CODE:** Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

**CERTIFICATION** -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

**BUSINESS TYPE CHECK-OFF** -- Check the appropriate box for the type of business ownership.

***NOTE:** Operations with suspended, revoked, or withdrawn certifications are ineligible for cost share reimbursement. The applicable USDA Organic regulations and resources for certification are available on the AMS website at [www.ams.usda.gov/nop](http://www.ams.usda.gov/nop).*

For more information see: <https://www.fsa.usda.gov/programs-and-services/occsp/>

## **7.2 ALLOWABLE AND UNALLOWABLE COSTS FOR PRODUCERS AND HANDLERS OF AGRICULTURAL PRODUCTS OBTAINING CERTIFICATION UNDER THE NATIONAL ORGANIC PROGRAM**

### **ALLOWABLE COSTS**

- Application fees
- Inspection fees, including travel costs and per diem for organic inspectors
- USDA organic certification costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements
- User fees/sale assessments
- Postage
- State Organic Program fees (NOCCSP only)

### **UNALLOWABLE COSTS**

- Inspections due to violations of USDA Organic regulations or State Organic Program requirements
- Costs related to non-USDA organic certifications
- Costs related to transitional certification
- Costs related to any other labeling programs
- Materials, supplies, and equipment
- Late fees
- Membership fees
- Consultant fees

Requests for reimbursement require an itemized receipt that identifies allowable costs paid within the qualification period of October 1, 2022 through September 30, 2023. Any submitted documentation must be a receipt that shows evidence of payment (not evidence of billing such as an invoice) of certification costs.

### **CERTIFICATION COST REIMBURSEMENTS ALLOWANCES**

Reimbursements to producers and handlers of agricultural products obtaining certification under the National Organic Program are limited to 75% of the operation's total allowable certification costs, up to a maximum of \$750 per certification scope.

### **LIMITATIONS**

A producer or handler may apply for OCCSP reimbursement from either the State Agency or through a local FSA office; they cannot receive payment from both. If a duplicate payment is inadvertently made, then FSA will inform the participant and require that funds be returned to CCC.