

York State Department of Agriculture and Markets New1  
Organic Certification Reimbursement Program  
For Organic  
**Farmers / Producers**  
**(AMA/C-SP)**  
12-25-A-4273

To be eligible for reimbursement you must be certified to the federal standard by a certifying agent appearing on the list of the Appropriate Technology Transfer for Rural Areas organization (ATTRA). Reimbursement will be available to farms/producers certified and/or receiving renewal of certification under the recently established federal standards during the period of October 1, 2003 through September 30, 2004. Each producer is eligible for a reimbursement of up to 75 percent of its costs of certification, not to exceed \$500.00. In the case of multiple certifications, excluding a renewal of certification, only one payment shall be made to the producer. Certification costs include those fees and charges levied by the certifying agent that are a requirement for certification.

**Please fill out this form completely**, and attach proof of certification (a copy of your certificate) and proof of payment (a copy of both sides of your canceled check **or** other appropriate documentation). You may keep the white copy, and return the green and pink completed copies to **NYS Department of Agriculture and Markets, Organic Certification Reimbursement Program, 10B Airline Drive, Albany, NY 12235**. Incomplete forms may delay your reimbursement. Reimbursements will be on first come first serve basis until funds for the program are exhausted. For questions call **(518) 457-1954 or 1 (800) 554-4501**.

**Please keep the white copy for your records.**

Contact Name / Owner \_\_\_\_\_

*Please indicate (circle) to whom the check is to be made out to*

Company / Farm Name \_\_\_\_\_

Payee ID or Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Products Certified \_\_\_\_\_

Certifying Organization (Please attach a copy of certificate) \_\_\_\_\_

Certification expense (Please attach a copy of documentation) \$ \_\_\_\_\_

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

Payee Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Total Certification Cost

\_\_\_\_\_ x 75% = \_\_\_\_\_ or \$500

Initials \_\_\_\_\_ Date \_\_\_\_\_

Date Stamped

Liability Date \_\_\_\_\_

Voucher Number \_\_\_\_\_

Date Paid \_\_\_\_\_

**New York State Department of Agriculture and Markets**  
**Organic Certification Reimbursement Program**  
**For Organic**  
**Processors / Handlers**  
**(NOC/C-SP)**

12-25-A-4182

To be eligible for reimbursement you must be certified to the federal standard by a certifying agent appearing on the list of the Appropriate Technology Transfer for Rural Areas organization (ATTRA). Reimbursement will be available to processors/handlers certified and/or receiving renewal of certification under the recently established federal standards during the period of October 1, 2003 through September 30, 2004. Each certified processor/handler is eligible for a reimbursement of up to 75 percent of its costs of certification, not to exceed \$500.00. In the case of multiple certifications, excluding a renewal of certification, only one payment shall be made to the processor/handler. Certification costs include those fees and charges levied by the certifying agent that are a requirement for certification.

**Please fill out this form completely** and attach proof of certification (a copy of your certificate) and proof of payment (a copy of both sides of your canceled check **or** other appropriate documentation). You may keep the white copy, and return the yellow and blue completed copies to **NYS Department of Agriculture and Markets, Organic Certification Reimbursement Program, 10B Airline Drive, Albany, NY 12235**. Incomplete forms may delay your reimbursement. Reimbursements will be on **first come first serve basis** until funds for the program are exhausted. For questions call **(518) 457-1954 or 1 (800) 554-4501**.

**Please keep the white copy for your records.**

**Contact Name / Owner** \_\_\_\_\_

*Please indicate (circle) to whom the check is to be made out to*

**Company / Farm Name** \_\_\_\_\_

**Payee ID or Social Security Number** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

**Products Certified** \_\_\_\_\_

**Certifying Organization** (Please attach a copy of certificate) \_\_\_\_\_

**Certification expense** (Please attach a copy of documentation) \$ \_\_\_\_\_

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

**Payee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For office use only**

Total Certification Cost

\_\_\_\_\_ x 75% = \_\_\_\_\_ or \$500

Initials \_\_\_\_\_ Date \_\_\_\_\_

Date Stamped

Liability Date \_\_\_\_\_

Voucher Number \_\_\_\_\_

Date Paid \_\_\_\_\_