

STATE OF MISSOURI DEPARTMENT OF AGRICULTURE AG BUSINESS DEVELOPMENT DIVISION 2023-2024 ORGANIC CERTIFICATION COST-SHARE PROGRAM – APPLICATION

(Due November 1, 2024)

APPLICANT INFO:				
NAME OF BUSINESS OR INDIVIDUAL			LAST 4 SSN OR LAST 4 FEIN	
CONTACT PERSON				
MAILING ADDRESS				
CITY	STATE	ZIP CODE	COUNTY	
PHONE	EMAIL			
TYPE OF OPERATION				
CERTIFYING COMPANY		CERTIFICATION NUMBER	R EFFECTIVE DATE	
CLASSIFICATION/SCOPE				
Crops Wild Crops		Livestock	Processing/Handling	
Total Certification Cost being submitted: \$				
Did you apply for 2023-2024 funding through a USDA-FSA county office? Organic Certification Cost Share funding is available through MDA or USDA-FSA, not both.			□ YES □ NO	
PROGRAM SPECIFICATIONS:				
 This Organic Certification Cost Share application is only valid for costs incurred between October 1, 2023 – September 30, 2024. Successful applicants will be reimbursed for 75% of certification costs, up to \$750 per scope. Application packets must include: Completed and signed cost share application. Copy of itemized receipt(s)/invoice(s) from certifying company, showing fees related to certification. Proof of payment for receipt(s)/invoice(s). 				
 4. Copy of most recent organic certificate paid for during the reimbursement period. Applicants must also register as a vendor with MissouriBUYS at https://missouribuys.mo.gov/. MDA will verify this registration with the Office of Administration before reimbursement funds are allocated. For those without internet access, please complete a VENDOR INPUT FORM and mail it to the Office of Administration (OA) per the form instructions. DO NOT SEND THIS FORM TO THE DEPARTMENT OF AGRICULTURE. 				
Application packets are <u>due by November 1, 2024</u> and should be mailed or emailed to:				
Missouri Department of Agriculture ABD - Organic Cost Share P.O. Box 630 Jefferson City, MO 65102 Email: <u>Grants@mda.mo.gov</u>				
If you have additional questions, please email <u>Whitney.Willi</u>	ams@mda	. <u>mo.gov</u> or call (573)	751-7794.	
The applicant signing below should correspond with the SSN or business EIN submitted in MissouriBUYS or on Vendor input form.				
Applicant Signature			Date	
FOR OFFICE USE ONLY Completed Application Paid Receipt(s)/Invoice(s)			Approved Cost Share Amount:	