

**USDA/WVDA Organic Certification Cost Share Program
Application for Reimbursement
2004**

West Virginia Department of Agriculture
Gus R. Douglass, Commissioner

Please Mail Original To: West Virginia Department of Agriculture
1900 Kanawha Blvd E. Charleston, WV 25305

Please include copies of receipts and or copies of cancelled checks associated with your certification costs to receive reimbursement.

The undersigned hereby applies for 75% reimbursement of organic certification costs for said agribusiness.

Name:

Date:

Address:

Farm Name & Location:

Date of Farm Certification:

Type of Farm/Certification: Crops / Livestock / Wild Crop (circle all that apply)

Home Phone#

Work Phone#

E-mail:

FAX#

Organic Inspector:

Contact Phone#:

Total Cost of Certification:

I affirm that the above information is true and that all additional documents included with this application are legitimate.

Signature of Applicant:

Date:

FOR USE BY WVDA

DATE OF RECEIPT

NAME OF RECIPIENT

SIGNATURE OF RECIPIENT