



**USDA/WVDA Organic Certification Cost Share Program  
2008-2009 Application for Reimbursement**

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

*To Receive Reimbursement:*

*Complete this form and include copies of your organic certificate or notice of continued certification. Also include receipts, invoices, and copies of checks (if applicable) associated with your certification. First time applicants must also submit an IRS W-9 form.*

The undersigned hereby applies for 90% reimbursement of organic certification costs up to \$750.00 for said agribusiness. This reimbursement is for organic producers who receive or continue organic certification from a USDA accredited certifying agent between **October, 1 2008 and September 30, 2009.**

Name:	Date:
_____	
Address:	
_____	
Farm Name & Location:	
_____	
Date of Farm Certification:	
_____	
Type of Farm/Certification: <b>Crops / Livestock / Wild Crop</b> (circle all that apply)	
_____	
Home Phone#	Work Phone#      E-mail:
_____	
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 (Do not write below this line)*

USDA Reimbursement:
_____
WVDA Reimbursement:
_____
Total Reimbursement:
_____

DATE OF RECEIPT	NAME OF RECIPIENT	SIGNATURE OF RECIPIENT
_____	_____	_____