



CALIFORNIA DEPARTMENT OF  
FOOD & AGRICULTURE

Karen Ross, Secretary

RECEIVED

JUN 18 2014

AGRICULTURAL COMMISSIONER  
SANTA BARBARA

June 16, 2014

TO: ALL COUNTY AGRICULTURAL COMMISSIONERS  
ACCREDITED CERTIFYING AGENTS OPERATING IN CALIFORNIA  
ALL CALIFORNIA ORGANIC REGISTRANTS

RE: NATIONAL ORGANIC CERTIFICATION COST SHARE PROGRAM

The United States Department of Agriculture (USDA) National Organic Program (NOP) is providing funds to assist with the cost of organic certification under the National Organic Certification Cost Share Program. Accordingly, the California Department of Food and Agriculture will be distributing reimbursement to operations that have been certified by a USDA accredited certifying agent.

The NOP currently recognizes four categories of certification: crops, wild crops, livestock, and processing/handling. Operations may receive one reimbursement per year. Eligible entities will be reimbursed up to 75 percent of their organic certification costs, not to exceed \$750 per category. Any organic operation in California that has received or renewed organic certification on or between **October 1, 2013 and September 30, 2014** may apply for reimbursement. **Applications must be postmarked no later than December 31, 2014.**

In order to receive reimbursement, applicants must submit a completed Federal Organic Cost Share Application (ORG-106) along with a copy of certification, copies of associated expense invoices required to obtain and/or maintain certification, and a completed Payee Data Record Form (STD 204).

To apply on line go to <https://organic.cdfa.ca.gov/costshare/> and click on Cost Share Application.

Cost Share applications will be processed on a first come, first serve basis. For hard copy applications submitted, only complete and accurate applications with an **original signature** will be processed. Incomplete or inaccurate applications will be returned and must be resubmitted. When the funds provided by USDA have been exhausted, no more applications will be accepted.

Electronic copies of this letter and supporting material can be found at the following Internet address: [http://www.cdfa.ca.gov/is/i & c/organic.html](http://www.cdfa.ca.gov/is/i&c/organic.html). For additional information, please contact Sharon Parsons at (916) 900-5202.

Sincerely,

Danny Lee  
Supervising Special Investigator

Enclosures





**California Department of Food and Agriculture  
 Federal Organic Certification Cost Share Application**

To be eligible for reimbursement the operation must have received organic certification on or between **October 1, 2013 and September 30, 2014**. The amount of reimbursement is 75% of certification costs (maximum of \$750) per scope of activity. **NOTE: You must attach a copy of your certification, billing, and proof of payment to your application. This application must be signed with an original signature.**

**California Department of Food and Agriculture Organic Registration Number:** \_\_\_\_\_  
**Are you registered with the Department of Public Health? Yes** \_\_\_ **No** \_\_\_ **Registration #** \_\_\_\_\_

COMPANY INFORMATION					
Company Name		Owner's Name			
Address					
City	County	State	Zip Code		
Primary Phone Number	Social Security Number or Employer Identification Number				
Alternate Phone Number	Fax Number	E-mail Address			
CERTIFICATION INFORMATION					
Name of Certification Agency		Certification Number/Client ID Number			
Current Date of Certification	Application Fee (New Registrations Only) \$	Annual Fee Paid \$			
Inspection Fee Paid \$	Total Amount of Fees Paid for Certification \$				
Scope of Certification (Please check all that apply)					
<input type="checkbox"/> Crops	<input type="checkbox"/> Wild Crops	<input type="checkbox"/> Livestock	<input type="checkbox"/> Processing/Handling		
Operation Types for this Certification (Check all that apply)					
<input type="checkbox"/> Producer	<input type="checkbox"/> Handler	<input type="checkbox"/> Processor	<input type="checkbox"/> Retailer		
SIGNATURE					
<b>Certification By Registrant:</b>					
I certify that the above information is true and correct, and the operation stated above received organic certification or renewal on or between <b>October 1, 2013 and September 30, 2014</b> .					
<i>Penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of agriculture assistance funds under applicable federal and state law.</i>					
_____		Date ____/____/____			
Certified Operations Signature		month day year			
<b>Mail Application and Supporting Documents To:</b> California Department of Food and Agriculture Organic Program Cost Share Reimbursement Attn: Sharon Parsons PO Box 942872 Sacramento, CA 94271-2872		For Official Use Only			
		Organic ID/Batch Number	Reimbursable Costs From Invoice		
		<input type="checkbox"/> 75% =	\$	<input type="checkbox"/> \$750	<input type="checkbox"/> \$1,500
		Approved By		Date	

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9)

STD. 204 (Rev. 6-2003)

1	<b>INSTRUCTIONS:</b> Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this <b>fully completed</b> form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. <b>NOTE:</b> Governmental entities, federal, State, and local (including school districts), are not required to submit this form.		
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print)		
	SOLE PROPRIETOR - ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)		E-MAIL ADDRESS
	MAILING ADDRESS		BUSINESS ADDRESS
	CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
3	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.
<input type="checkbox"/> PARTNERSHIP                      CORPORATION:			
<input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS			
<input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(SSN required by authority of California Revenue and Tax Code Section 18646)			
4	<input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <ul style="list-style-type: none"> <li><input type="checkbox"/> No services performed in California.</li> <li><input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.</li> </ul>		
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)		TITLE
	SIGNATURE	DATE	TELEPHONE ( )
6	Please return completed form to: <b>Department/Office:</b> California State Department of Food and Agriculture <b>Unit/Section:</b> Inspection and Compliance- ATTN: Sharon Parsons <b>Mailing Address:</b> PO Box 942872 <b>City/State/Zip:</b> Sacramento, CA 94271-2872 <b>Telephone:</b> (916) 900-5202 <b>Fax:</b> (916) 900-5347 <b>E-mail Address:</b> sparsons@cdfa.ca.gov		

**PAYEE DATA RECORD**

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><b><u>Requirement to Complete Payee Data Record, STD. 204</u></b></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal Revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><b><u>Are you a California resident or nonresident?</u></b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:          Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov          For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><b><u>Privacy Statement</u></b></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>