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|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Agricultural Development*  PO Box 8911, Madison, WI 53708-8911  Phone: 608-224-5095 Fax: 608-224-5107 Email: [organiccostshare@wi.gov](mailto:organiccostshare@wi.gov) | |
| Organic Cost Share Rebate Application | | s. 93.07 (3) Wis. Stats. |

Organic Cost Share Rebate Application Directions

The Wisconsin Department of Agriculture, Trade & Consumer Protection (DATCP) is accepting applications for the 2018 Organic Certification Cost-Share Program starting July 1, 2018. These funds provide cost-share rebates to producers or handlers of organic agricultural products who are currently certified or currently working toward certification and are in good standing with a USDA/NOP Accredited Certifying Agent.

Eligible producers or handlers may receive rebates for 75% of their certification costs up to a maximum of $750.00 per certification category. If you are certified in more than one category (e.g. crops, livestock, wild crop, or handler), you are eligible for up to $750.00 for each category. Reimbursable certification costs must be receipted by the certifying agency during the period of October 1, 2017 through September 30, 2018 (the 2018 federal fiscal year), and can include any certification related expenses paid to the certifying agency, such as inspection fees and user fees. Late fees or other penalties or membership fees are not eligible for reimbursement. Applicants should be submitted by **October 31,** 2018 to guarantee reimbursement.

To apply, fill out the application information below, along with the attached W-9 and return it to Angie Sullivan via mail or email at the contact info below. (A W-9 is not needed if you received a cost share rebate from DATCP in 2017.) Following receipt of your application, we will contact your certifying agency to confirm certification and payments prior to reimbursement. To expedite this process, you may include copies of your current certificate from your certifier and copies of the itemized paid invoices received from your certifier indicating the date of payment. These documents are not necessary to apply, but will speed up the reimbursement process. Rebates usually take about 6 to 8 weeks to process. If you do not receive your reimbursement after 8 weeks of submitting your application, please contact DATCP at the contact info below.

***Please note: You will be receiving an application through email and postal mail. If you have already submitted your application through email and receive a mail copy, do not resubmit. As long as you have your email confirmation that we received your application, there is no need to do anything further.***

Because you can submit an application starting July 1, 2018, but are eligible for reimbursements paid to your certifier through September 30, 2018, if you have not maximized your rebate (paid at least $1000 per scope of certification to your certifier), We will hold your application until October 1, 2018 allowing you to maximize your refund. If you know you will not make any additional payments to your certifier at the time of application submission and would like us to process your application immediately upon receipt, please check the appropriate box below.

Questions? See DATCP website www.datcp.wi.gov for frequently asked questions and tips for filling out your W-9 or contact Angie Sullivan at organiccostshare@wi.gov or 608-224-5095.

\* Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04(1)(m), Wis. Stats.).

Please fill out this form and submit via mail or email to:   
Angie Sullivan   
DATCP-DAD  
P.O. Box 8911  
Madison, WI 53708-8911

Email: [organiccostshare@wi.gov](file:///C:/Users/sulliac/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/AAAGS97B/organiccostshare@wi.gov)

(Please turn over for form)

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| CONTACT NAME | | | | WHAT NAME SHOULD GO ON THE CHECK? (personal name/farm name/business name) | | | | | |
| MAILING ADDRESS STREET | | | | CITY | | | STATE | | ZIP |
| PHONE NUMBER:  (   )     - | E-MAIL ADDRESS | | | | | | | | |
| ADDRESS OF CERTIFIED OPERATION (if different mailing address) | | | | CITY | | | STATE | | ZIP |
| NAME OF CERTIFYING AGENCY | | I will not be making any additional payments to my certifier  before 10/1/18. Please process my application now | | | | I may make additional payments to my certifier before  10/1/18. Please process my application after 10/1/18 | | | |
| Which certification scopes  do you hold? | CROP | | LIVESTOCK | | WILD CROP | | | HANDLER | |

Have you submitted an organic cost share application through Farm Service Agency (FSA)?  Yes  No