



CALIFORNIA DEPARTMENT OF  
FOOD & AGRICULTURE

Karen Ross, Secretary

June 14, 2024

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

RE: **NATIONAL ORGANIC CERTIFICATION COST SHARE  
PROGRAM APPLICATION PACKET FOR THE PERIOD  
2023/2024**

The Farm Service Agency (FSA), on behalf of the Commodity Credit Corporation (CCC), has announced the availability of funding for the Organic Certification Cost Share Program (OCCSP), for Program Year 2024, which covers expenses paid from October 1, 2023 through September 30, 2024. The OCCSP assists eligible certified organic producers, handlers and processors with the cost of organic certification under the National Organic Certification Cost Share Program.

The California Department of Food and Agriculture (CDFA) will be distributing reimbursements to operations that have been certified by a United States Department of Agriculture (USDA) accredited certifying agent, and for registration fees paid to the CDFA State Organic Program (SOP), and/or the California Department of Public Health (CDPH) for Organic Processed Product Registration fees. In addition, applicants may now apply in person at any California office of the FSA. More information is available at <https://www.fsa.usda.gov/programs-and-services/occsp/index>.

The National Organic Program (NOP) currently recognizes four scopes of certification: crops, wild crops, livestock, and processing/handling. In addition to these four scopes, applications will be accepted for reimbursement of CDFA/CDPH SOP registration fees. Eligible entities will be reimbursed up to 75 percent per scope of their organic certification costs and CDFA/CDPH fees; not to exceed \$750 per scope.

Any organic operation in California that has received or renewed organic certification through the USDA on or between **October 1, 2023 and September 30, 2024** may apply for reimbursement. **Applications postmarked or emailed after November 1, 2024 will not be accepted.** We encourage applicants to submit their applications as soon as possible after receiving certification to ensure reimbursement.

Applications will be processed upon receipt; on a first come, first serve basis. Please allow up to 120 days for application review and approval, and up to an additional 30 days for reimbursement to be received from our Financial Services Branch. Incomplete or inaccurate applications will be returned and must be resubmitted.

To ensure receipt of your application(s) it is recommended that you email them to [CDFA.ISD\\_Cost\\_Share\\_Program@cdfa.ca.gov](mailto:CDFA.ISD_Cost_Share_Program@cdfa.ca.gov) or send them via certified mail to the address below:

Department of Food and Agriculture  
ATTN: Organic Program/Cost Share  
1220 N Street  
Sacramento, CA 95814

Electronic copies of this letter and supporting material can be found at:

<http://www.cdfa.ca.gov/is/organicprogram/costshare.html> under Cost Share Application.

For additional information, please contact the Cost Share Program at (916) 900-5202 or by e-mail [CDFA.ISD\\_Cost\\_Share\\_Program@cdfa.ca.gov](mailto:CDFA.ISD_Cost_Share_Program@cdfa.ca.gov).

Sincerely,

Andrea Cano  
Staff Services Analyst  
California Organic Cost Share Program



## California Department of Food and Agriculture Federal Organic Certification & State Cost Share Application

To be eligible you must have received or renewed federal organic certification on or between **October 1, 2023 and September 30, 2024**.  
 The amount of reimbursement is 75% of total certification costs (maximum of \$750) per scope.

**APPLICATIONS MUST BE POSTMARKED OR EMAILED NO LATER THAN NOVEMBER 1, 2024**  
**(NO EXCEPTIONS) WITH THE FOLLOWING DOCUMENTS ATTACHED:**

- 1) Certificate of Federal Certification 2) Proof of Certification Fees Paid 3) Payee Data Record form STD204**

1. COMPANY INFORMATION		2. MAILING ADDRESS		
Payee Name (Check Payable to/DBA) Must match IRS records		Address (Check to be mailed to)		
Company Name		Building/Suite/Apt #		
Phone Number	Fax Number	City	State	Zip Code
Email Address		Primary County of Operation		
3. FEDERAL CERTIFICATION INFORMATION		4. STATE ORGANIC REGISTRATION INFORMATION		
Name of Certification Agency		Name of Registration Agency (Dept. of Food & Ag or Dept. of Public Health)		
Certification Number/Client Code		<input type="checkbox"/> CDFA <input type="checkbox"/> CDPH		
Scope of Certification (Check all the apply)		CDFA Registration Number or CDPH License Number		
<input type="checkbox"/> Crops <input type="checkbox"/> Processing/Handling <input type="checkbox"/> Wild Crops <input type="checkbox"/> Livestock				
Certification Date Paid	Total Fees Paid for Certification	Registration Date Paid	Registration Fee Paid (No late fees)	
	\$		\$	
5. SIGNATURE				
<b>Certification By Applicant: <i>Applications without a signature, without proof of payment, and without the STD204 Form will not be accepted</i></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, 2023 and September 30, 2024</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 agricultural assistance funds under applicable federal and state law.</i>				
<i>I acknowledge by signing below that included with the application is proof of certification, proof of certification fees paid, and a complete STD204 Payee Data Record form. I understand the application may not be approved if any of these documents are not attached or completed accurately and completely.</i>				
_____ Applicant's Signature		_____ Applicant's Name		Date _____ / _____ / _____ Month    Day    Year
<b>E-mail Application &amp; Supporting Documents to:</b> <a href="mailto:CDFA.ISD_Cost_Share_Program@cdfa.ca.gov">CDFA.ISD_Cost_Share_Program@cdfa.ca.gov</a>  <b>Mail Application &amp; Supporting Documents to:</b> California Department of Food and Agriculture Organic Program/Cost Share Reimbursement 1220 N Street Sacramento, CA 95814 ATTN: Cost Share		For Official Use Only		
		Application ID	Federal Reimbursement	State Reimbursement
		Batch Number	\$	\$
		Approved By	Total Reimbursement Amount	
		Date	\$	

**REFER TO INSTRUCTIONS FOR STRICT PAYEE DATA RECORD FORM REQUIREMENTS**

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 03/2021)

**Section 1 – Payee Information****NAME** (This is required. Do not leave this line blank. Must match the payee's federal tax return)**BUSINESS NAME, DBA NAME or DISREGARDED SINGLE MEMBER LLC NAME** (If different from above)**MAILING ADDRESS** (number, street, apt. or suite no.) (See instructions on Page 2)**CITY, STATE, ZIP CODE****E-MAIL ADDRESS****Section 2 – Entity Type****Check one (1) box only that matches the entity type of the Payee listed in Section 1 above.** (See instructions on page 2) **SOLE PROPRIETOR / INDIVIDUAL** **SINGLE MEMBER LLC** *Disregarded Entity owned by an individual* **PARTNERSHIP** **ESTATE OR TRUST** **CORPORATION** (see instructions on page 2) **MEDICAL** (e.g., dentistry, chiropractic, etc.) **LEGAL** (e.g., attorney services) **EXEMPT** (e.g., nonprofit) **ALL OTHERS****Section 3 – Tax Identification Number**Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must **match** the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. **Note:** Payment will not be processed without a TIN.

- For **Individuals**, enter SSN.
- If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.
- Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.
- For **Sole Proprietor or Single Member LLC (disregarded entity)**, in which the **sole member is an individual**, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).
- For **Single Member LLC (disregarded entity)**, in which the **sole member is a business entity**, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.
- For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

**Social Security Number (SSN) or Individual Tax Identification Number (ITIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**OR****Federal Employer Identification Number (FEIN)**

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Section 4 – Payee Residency Status** (See instructions) **CALIFORNIA RESIDENT** – Qualified to do business in California or maintains a permanent place of business in California. **CALIFORNIA NONRESIDENT** – Payments to nonresidents for services may be subject to state income tax withholding. No services performed in California Copy of Franchise Tax Board waiver of state withholding is attached.**Section 5 – Certification****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.****NAME OF AUTHORIZED PAYEE REPRESENTATIVE****TITLE****E-MAIL ADDRESS****SIGNATURE****DATE****TELEPHONE** (include area code)**Section 6 – Paying State Agency****Please return completed form to:****STATE AGENCY/DEPARTMENT OFFICE****UNIT/SECTION****MAILING ADDRESS****FAX****TELEPHONE** (include area code)**CITY****STATE****ZIP CODE****E-MAIL ADDRESS**

**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)  
STD 204 (Rev. 03/2021)

**GENERAL INSTRUCTIONS**

Type or print the information on the Payee Data Record, STD 204 form. Sign, date, and return to the state agency/department office address shown in Section 6. Prompt return of this fully completed form will prevent delays when processing payments.

Information provided in this form will be used by California state agencies/departments to prepare Information Returns (Form 1099).

**NOTE:** Completion of this form is optional for Government entities, i.e. federal, state, local, and special districts.

A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.

Payees who do not wish to complete the STD 204 may elect not to 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 and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&TC).

**Section 1 – Payee Information**

**Name** – Enter the name that appears on the payee's federal tax return. The name provided shall be the tax liable party and is subject to IRS TIN matching (when applicable).

- Sole Proprietor/Individual/Revocable Trusts – enter the name shown on your federal tax return.
- Single Member Limited Liability Companies (LLCs) that is disregarded as an entity separate from its owner for federal tax purposes - enter the name of the individual or business entity that is tax liable for the business in section 1. Enter the DBA, LLC name, trade, or fictitious name under Business Name.
- Note: for the State of California tax purposes, a Single Member LLC is not disregarded from its owner, even if they may be disregarded at the Federal level.
- Partnerships, Estates/Trusts, or Corporations – enter the entity name as shown on the entity's federal tax return. The name provided in Section 1 must match to the TIN provided in section 3. Enter any DBA, trade, or fictitious business names under Business Name.

**Business Name** – Enter the business name, DBA name, trade or fictitious name, or disregarded LLC name.

**Mailing Address** – The mailing address is the address where the payee will receive information returns. Use form STD 205, Payee Data Record Supplement to provide a remittance address if different from the mailing address for information returns, or make subsequent changes to the remittance address.

**Section 2 – Entity Type**

If the Payee in Section 1 is a(n)...	THEN Select the Box for...
Individual • Sole Proprietorship • Grantor (Revocable Living) Trust disregarded for federal tax purposes	Sole Proprietor/Individual
Limited Liability Company (LLC) owned by an individual and is disregarded for federal tax purposes	Single Member LLC-owned by an individual
Partnerships • Limited Liability Partnerships (LLP) • and, LLC treated as a Partnership	Partnerships
Estate • Trust (other than disregarded Grantor Trust)	Estate or Trust
Corporation that is medical in nature (e.g., medical and healthcare services, physician care, nursery care, dentistry, etc.) • LLC that is to be taxed like a Corporation and is medical in nature	Corporation-Medical
Corporation that is legal in nature (e.g., services of attorneys, arbitrators, notary publics involving legal or law related matters, etc.) • LLC that is to be taxed like a Corporation and is legal in nature	Corporation-Legal
Corporation that qualifies for an Exempt status, including 501(c) 3 and domestic non-profit corporations.	Corporation-Exempt
Corporation that does not meet the qualifications of any of the other corporation types listed above • LLC that is to be taxed as a Corporation and does not meet any of the other corporation types listed above	Corporation-All Other

**Section 3 – Tax Identification Number**

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 R&TC sections 18646 and 18661 to facilitate tax compliance enforcement activities and preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&TC section 18662 and its regulations.

**Section 4 – Payee Residency Status**

**Are you a California resident or nonresident?**

- 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.
- 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.
  - 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.

For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:

Withholding Services and Compliance Section: 1-888-792-4900  
For hearing impaired with TDD, call: 1-800-822-6268

E-mail address: [wscs.gen@ftb.ca.gov](mailto:wscs.gen@ftb.ca.gov)  
Website: [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Section 5 – Certification**

Provide the name, title, email address, signature, and telephone number of individual completing this form and date completed. In the event that a SSN or ITIN is provided, the individual identified as the tax liable party must certify the form. Note: the signee may differ from the tax liable party in this situation if the signee can provide a power of attorney documented for the individual.

**Section 6 – Paying State Agency**

This section must be completed by the state agency/department requesting the STD 204.

**Privacy Statement**

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. 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. 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.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

# Cost Share Application Checklist

## COST SHARE APPLICATION – REQUIRED DOCUMENT

- Section 1. Company Information** – fill out all areas in the box that apply.
- Section 2. Mailing Address** – fill in all areas. (Reimbursement check will be mailed to this address)
- Section 3. Federal Certification Information** – fill in all areas including the certifying agency, certification number included on your certificate, check scopes, date paid, and total fees paid for certification.
- Section 4. State Organic Registration** – fill in either **CDFA** or **CDPH**, registration number, operation type, date paid, and fees paid (**do not include late fees with total**)
- Section 5. Signature** – sign application and date.

## PROOF OF FEDERAL CERTIFICATION – REQUIRED DOCUMENT

- Include a copy of a recent certificate from your certifier. (Example: CCOF, QAI, Oregon Tilth, etc.)
- If you are submitting a “**Cost Share Summary**” provided by CCOF you do not have to include a certificate.

## INVOICE OF FEDERAL CERTIFICATION EXPENSES – REQUIRED DOCUMENT

- Include an invoice of your federal certification expenses paid between **October 1, 2023 – September 20, 2024**.
- DO NOT** include bank statements or credit card statements. They will not be accepted.
- If you are submitting a “**Cost Share Summary**” provided by CCOF you do not have to include an invoice.

## INVOICE FOR STATE REGISTRATION – NOT REQUIRED

- You do not have to include an invoice for State Registration fee paid to CDFA or CDPH.

## PAYEE DATA RECORD FORM (STD 204) – REQUIRED DOCUMENT

- Section 1 – Payee Information.** Fill in all areas accurately.
- Section 2 – Entity Type.** Check one box only that matches the entity type.
- Section 3 – Tax Identification Number.** Fill out **SSN or FEIN** do not fill in both. If both areas are filled in, your application will be denied, and you will have to resubmit all documents again.
- Section 4 – Payee Residency Status.** Check the box that applies.
- Section 5 – Certification.** Fill in all areas and sign.
- Section 6 – Paying State Agency.** DO NOT FILL IN THIS AREA.

## COST SHARE PROGRAM – ADDITIONAL INFORMATION

**Cost Share Webpage** – [organic.cdfa.ca.gov](http://organic.cdfa.ca.gov)

**Cost Share Program email** – [CDFA.ISD\\_Cost\\_Share\\_Program@cdfa.ca.gov](mailto:CDFA.ISD_Cost_Share_Program@cdfa.ca.gov)

**Cost Share Program direct line** – 916-900-5202

**Please send application packet via certified mail or to the Cost Share Program email.**