North Carolina Department of Agriculture and Consumer Services 2023-24 Organic Certification Cost Share Application Form

Costs must have been incurred and paid between October 1, 2023 and September 30, 2024 related to obtaining or renewing USDA National Organic Program Certification. Applications must be postmarked by October 31, **2024.** Applications are approved on a first-come, first served basis until funds are depleted.

Farm/Company Name Contact Person		New Certification Continuing Certification County			
Email	Phone			Acres	
Make check payable to (must match tax ID	information on	the substit	ute W9):	<u>I</u>	
Certifying Agency	Category(ies) of Certification Crop Livestock Wild Crop Handler/Processor				
You must submit the following with you 1) Substitute W-9 form. The Leg accepted (see attached instruction 2) Detailed invoices/statements from between October 1, 2023 and Statements 2023.	our application al Name must i lons) and <u>no ch</u> om your certifi	i: natch the eck issue er listing	Number pro d until the for all NOP cert	vided. Inco	orrect forms will not be octed. Osts INCURRED and PA
3) If this is your first certification certifier stating you have met re a copy of the most current certi- certificate to be issued.	equirements for	r certifica	tion. If you	have renev	ved your certification, inclu
I certify the information submitted with this USDA accredited certification agency; and c		_		_	•
Applicant Signature		_	Date		
Send application and documentation to:	For Office Use	Only	101309	-1002677-3	024
Heather Lifsey, NCDA&CS 1020 Mail Service Center, Raleigh, NC 27699-1020,	Total Paimburg			x 75% =	

Total Reimbursement

Date

Reviewed by

Email: heather.lifsey@ncagr.gov

Instructions for Completing State of NC Substitute W-9 Form

The State of North Carolina Substitute W-9 Form is required for NCDA&CS to issue a check. Please see below for instructions on completing the form. **If the form is not correct, a check cannot be issued.**

Section 1 – Taxpayer Identification

1 and 2—Check the box for which **ONE** of the following you will be listing and write that number under #2:

- Your Social Security Number (SSN)
- a Employer Identification Number (EIN)
- Individual Taxpayer Identification Number

The number you provide will be the information reported to the IRS. If you want the check made payable to an individual, list their SSN. If you want the check made payable to a business name, list the EIN. This needs to match the "Make Check Payable to" on the application. Write only **ONE** number in this box.

- 3 Not applicable so leave blank
- 4 Write your legal name as filed on your tax return. This name must match the number you listed in #2. If you want the check made payable to an individual, this will be the person's name which matches the SSN in #2. If you want the check made payable to a business, this will be the legal company name, which matches the EIN in #2.
- 5 This refers to the name you use to operate your business. For example, the legal name (which matches the EIN) may be "Thomas Smith Produce Farm, Inc.", however you may operate as "Tom's Produce Stand".
- 6- List your legal mailing address.
- 7 If you receive business payments at a different address, list that address here. Otherwise, leave blank.
- 8 11 Contact person and information
- 11 An email address is required. A check will not be issued unless there is an email address listed here. This is a new requirement.
- 12 Check the box for how your business is registered with the IRS. If you listed a federal tax ID number, you must provide the classification you used to register your business. If you are a Limited Liability Corporation, you must list the tax classification (C, S or P). This determines how your payment will be reported to the IRS.
- 13 This asks for clarification on what type of entity you operate. For most applicants, you will check "Other", but you MUST specify what type of entity you are (For example: farmer, contractor, instructor, etc.). <u>If you do not specify an</u> entity, your form will not be accepted and no payment will be made.
- 14 See attached instructions from NC Office of the State Controller. This may not apply to you or your company.

Section 2 – Certification

Print your name and title, sign and list current date. Every box with a * must be completed or the form will not be accepted.