



*South Dakota Department of Agriculture
Agriculture Development Division*

523 East Capitol Avenue
Pierre SD 57501
(605) 773-5436 or (800) 228-5254

July 15th, 2011

Members of the Organic Industry:

The South Dakota Department of Agriculture (SDDA) is again offering NOP certified producers and processors cost share reimbursement for their (re)certification costs. The SDDA agreement with Agriculture Marketing Service (AMS), USDA only allows those cost incurred between October 1, 2010 and September 30, 2011 to qualify for reimbursement.

The program will reimburse applicants with operations within South Dakota for 75% of the cost associated with certification or re-certification to the National Organic Program, not to exceed \$750.00 during the program year per certified operation or per scope.

NOP certified producers and processors are eligible to apply.

New for 2011: Producers/handlers can qualify for reimbursement from multiple scopes of certification. Scopes include crops, livestock, wild crops, and handling. Operations that hold certification for more than one scope are eligible for a cost share payment for each scope.

Reimbursements will be provided on a first-come first, first serve basis until funds are depleted or agreement modifications from AMS.

Applicants will need to submit the following items for reimbursement consideration:

- Completed SDDA Application Form
- Completed Substitute IRS W-9 form
- Copy of NOP certification (if first time applicant)
- Copy of dated statement, bill, or invoice indicating expenses occurred on or after October 1, 2010 and before September 30, 2011.
- Proof of payment to include, receipt, copy of statement indicating payment, or a copy of cancelled check.

Applicants are requested to return the completed documents and accompanying information to SDDA at the address in the letterhead. Thank you.

Respectfully,

Ty Eschenbaum
Value-Added Agriculture Development Specialist
South Dakota Department of Agriculture

South Dakota Department of Agriculture

National Organic Program Certification Cost-Share Reimbursement

Program Guidelines

Background

Under a cooperative agreement with the Agricultural Marketing Service of the United States Department of Agriculture, the South Dakota Department of Agriculture will accept applications for the program. The program will reimburse qualified applicants for costs incurred between October 1, 2010 and September 30, 2011.

Program Guidelines

The program will reimburse applicants with operations within South Dakota for 75% of the cost associated with certification or re-certification to the National Organic Program, not to exceed \$750.00 during the program year per certified operation.

Application deadline is November 15th, 2011.

NOP certified producers and processors are eligible to apply.

A certified operation will qualify for only one reimbursement per year per scope.

Reimbursements will be provided on a first-come first, first-serve basis until funds are depleted or agreement modifications from (AMS)

Applicants will need to submit the following items for reimbursement consideration.

- One completed SDDA Application Form
- Completed Substitute IRS W-9 form
- Copy of NOP certification (if first time applicant)
- Copy of dated statements, bills, or invoices indicating expenses occurred after October 1, 2010 and before September 30, 2011
- Proof of payments to include, receipts, copy of statement indicating payments, or a copies of cancelled checks.

Upon receipt of all the materials, personnel at SDDA will make the determination that the applicant meets the criteria and process payment(s) to the producer.

SDDA is required to provide the number of applicants to AMS.

2011

**South Dakota Department of Agriculture
 Federal Organic Certification Cost Share Application**

To be eligible for reimbursement the (re)certification costs must have been incurred in the period between October 1, 2010 and September 30, 2011. The amount of reimbursement is 75% of (re)certification costs (maximum reimbursement of \$750.00 per year of certification). Submit application to the address above.

PRODUCER/HANDLER IDENTIFICATION				
SECTION A	First Name	M.I.	Last Name	
	Address			
	City	County	State	Zip Code
	Organic registration number	Attach a copy of certificate and an itemized invoice for certification costs. <input type="checkbox"/> Certificate No. _____ <input type="checkbox"/> Certified by _____ Effective Date of Certification _____		
	Phone Number	Fax Number	Email Address	

CERTIFICATIONS	
SECTION B	Certification By Producer: I certify that the above information is true and correct, and the requested cost-share reimbursement for expenses incurred for organic (re)certification identified above was between October 1, 2010 and September 30, 2011. <i>Notice of Penalties: 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

(OFFICIAL USE ONLY) IDENTIFICATION OF ELIGIBLE CERTIFICATION COSTS				
SECTION C	Associated expenses:	Date incurred	Amount Paid by operation *	Reimbursed amount Total to accounting _____ Date to accounting _____



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type
 Please see attachment or reverse for complete instructions.

<p>Legal Name (as entered with IRS) If Sole Proprietorship enter your Last, First, MI</p> <hr/> <p>Trade Name If doing business as (D/B/A) or enter business name of Sole Proprietorship</p> <hr/> <p>Order Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>Remit Address (where checks should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>_____</p>	<p>Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Corporation (includes service corporations)</p> <p><input type="checkbox"/> Limited Liability Company - Partnership</p> <p><input type="checkbox"/> Limited Liability Company – Corporation</p> <p><input type="checkbox"/> Governmental Entities</p> <p><input type="checkbox"/> Hospital Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned</p> <p><input type="checkbox"/> Other Entities (specify, e.g., 501(c)(3), etc):</p> <p>_____</p> <p>Taxpayer Identification Number (TIN) If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, using your EIN may result in unnecessary notices to the requester. <u>Required</u></p> <p>_____</p> <p>Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Employer Identification Number (EIN)</p> <p><input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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Certification
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number ()
Signature		Date (mm/dd/ccyy)

Optional Direct Deposit Information

Your Bank Account Number	<input type="checkbox"/> checking <input type="checkbox"/> savings	Name on Bank Account	Bank Routing No. (9-digit ABA #)
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THIS IS A:
 new direct deposit change of existing additional direct deposit email change only

Optional e-mail address (Please make this LEGIBLE)

If you provide an email address you will be sent electronic notification when a payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://www.state.sd.us/bfm/vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your payments to you.

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
Sole Proprietorships: Enter Last Name, First Name, MI
All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
Sole Proprietorships: Enter Business Name
All Others: Complete only if doing business as a D/B/A

Order Address

Address where orders should be sent.

Remit Address

Address where checks should be sent.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number OR Individual Taxpayer Identification Number.

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

Taxpayer Identification Request

In order for the State of South Dakota to comply with the Internal Revenue Service regulations, this letter requests that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the South Dakota Bureau of Finance and Management in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.