



*South Dakota Department of Agriculture
Agriculture Development Division*

523 East Capitol Avenue
Pierre SD 57501
(605) 773-5436

June 10, 2015

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, 2014 and September 30, 2015 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.

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.

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 indicating expenses occurred on or after October 1, 2014 and before September 30, 2015.
 - Proof of payment to include zero balance statement from certifying agent or letter indicating amount paid from 1OCT2014 – 30SEP2015 and signed by certifying agent. (Copies of checks or invoices/bills showing what you OWE and not what you actually PAID are no longer acceptable.)

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

Respectfully,

Jodi Bechard
Program 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, 2014 and September 30, 2015.

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 per scope.

Application deadline is November 13th, 2015.

NOP certified producers and processors are eligible to apply.

Reimbursements will be provided on a first-come first, first-serve basis until funds are depleted.

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 indicating expenses occurred after October 1, 2014 and before September 30, 2015

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.

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, 2014 and September 30, 2015. 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.

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

SECTION B CERTIFICATIONS	
SECTION B	<p>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, 2014 and September 30, 2015. <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></p> <p style="text-align: right;">Date ____/____/____</p> <p>_____ month day year</p> <p>Certified Operations Signature</p>

SECTION C CERTIFIED SCOPES (4 SCOPES RECOGNIZED & CERTIFIED BY THE N.O.P.) <i>CHECK ALL THAT APPLY ↓</i>		SECTION D (OFFICIAL USE ONLY)				APPROVAL:
		SCOPE	Eligible Costs	Eligible Dates	Reimbursement Amount	
Crops				YES__ NO __	\$750 MAX	Signature:
Wild Crops						Date to Accounting:
Livestock				YES__ NO __	\$750 MAX	Amount:
Processing/ Handling						TOTAL:



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see pages 2 and 3 for instructions.

<p>➤ Legal Name (as shown on your income tax return)</p> <hr/> <p>➤ Business Name, if different from above (use if doing business as DBA, or enter business name of Sole Proprietorship)</p> <hr/> <p>➤ Order-From Address (where orders should be mailed) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit-To Address (where payments should be mailed, if different from Order address) PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ Exemptions (see instructions, page 3) Exempt payee code (if any) Exemption from FATCA reporting code (if any)</p>	<p>➤ Entity Designation (check only one) <u>Required</u></p> <p><input type="checkbox"/> Individual / Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company – Individual <input type="checkbox"/> Limited Liability Company – Partnership <input type="checkbox"/> Limited Liability Company – Corporation <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Hospital Exempt from Tax or Government Owned <input type="checkbox"/> Long-Term Care Facility Exempt from Tax or Government Owned <input type="checkbox"/> Trust/Estate <input type="checkbox"/> Other Entity (specify, e.g., 501(c)(3), etc):</p> <hr/> <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> <hr/> <p>➤ Check Only One <u>Required</u></p> <p><input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
---	--

➤ **Certification** (see instructions on page 2)
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), AND
2. I am not subject to backup 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 backup 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, AND
3. I am a U.S. citizen or other U.S. person, AND
4. The FATCA code(s) entered on this form (if any) indicating I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Printed Title	Telephone Number ()
Signature of U.S. Person		Date (mm/dd/yyyy)

➤ **Optional Direct Deposit Information** (all fields required to receive electronic payments)

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Bank Account	Bank Routing No. (9-digit ABA #)
--------------------------	---	----------------------	----------------------------------

THIS IS A:

new direct deposit change of existing additional direct deposit email change only

E-mail address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. You will also receive a PIN for use when logging into the SD Vendor Self Service website at <http://Bfm.SD.gov/Vendor>. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you.

Instructions for Completing Taxpayer Identification Number (TIN) Verification

Legal Name (as shown on your income tax form)

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

Business Name

Individuals & Others: Complete if using a doing business as (DBA) name
Sole Proprietorships: Enter Business Name

Order-From Address

Address where orders should be sent.

Remit-To Address

Address where payments should be sent.

Entity Designation

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

Taxpayer Identification Number (TIN)

LIST ONLY ONE: Social Security Number (SSN), or
Employer Identification Number (EIN), or
Individual Taxpayer Identification Number (ITIN).

If you do not have a TIN, apply for one immediately. Individuals use federal [form SS-5](#) which can be obtained from the Social Security Administration. Businesses and all other entities use federal [form SS-4](#) 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, Archer MSA, or HSA. 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 for providing false or fraudulent information.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* below.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2. The United States or any of its agencies or instrumentalities
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities
5. A corporation
6. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
7. A futures commission merchant registered with the Commodity Futures Trading Commission
8. A real estate investment trust
9. An entity registered at all times during the tax year under the Investment Company Act of 1940
10. A common trust fund operated by a bank under section 584(a)
11. A financial institution
12. A middleman known in the investment community as a nominee or custodian
13. A trust exempt from tax under section 664 or described in section 4947

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A. An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B. The United States or any of its agencies or instrumentalities
- C. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D. A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E. A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F. A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G. A real estate investment trust
- H. A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I. A common trust fund as defined in section 584(a)
- J. A bank as defined in section 581
- K. A broker
- L. A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M. A tax exempt trust under a section 403(b) plan or section 457(g) plan

Taxpayer Identification Request

In order for the State of South Dakota to comply with 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 and/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 reportable 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 6722](#) of the Internal Revenue Code.

Only the individual's name to which the Social Security Number (SSN) 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 (EIN) was assigned.

DO NOT submit your name with a Tax Identification Number (TIN) 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 with which he or she is associated.

Thank you for your cooperation in providing us with this information. Please return the completed form to:

Or send faxes to:

Enclosure