INDIANA
STATE DEPARTMENT OF
AGRICULTURE

INDIANA ORGANIC CERTIFICATION COST SHARE PROGRAM APPLICATION

State Form 51338 (5-03)
Form approved by State Board of Accounts, 2003

ORGANICALLY PRODUCED IN INDIANA

Contact Name: _____

Business/Farm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ Fax: (_____) _____ Email: _____

Date of Certification/Continuance of Certification: _____

Name of Certifier: _____

Total Amount Paid for Certification (do not include membership fees) **$** _____

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The following documents must be included with your application in order for your cost share to be processed. If you do not have these documents, contact your certifier and request them.

$ A copy of your certificate, or other proof of certification or continuance, that shows the effective date;
$ A copy of your invoice and/or receipt that itemized your certification costs;
$ Proof of payment {front and back of cancelled check(s) or copies of money orders};
$ Completed W-9 & Direct Deposit Form {Filled out by both you and your bank}; and
$ Completed and signed Claim Voucher.

Return this form with the appropriate documents to:

SEAL OF THE STATE OF INDIANA 1816

Amy Eizinger
Indiana State Department of Agriculture
101 W. Ohio Street
Suite 1200
Indianapolis, Indiana 46204

(317) 234-5263 or aeizinger@isda.in.gov

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