

*2009-2010 Kansas Organic Certification Cost Share Program
Application*

Contact Name _____

Business/Farm Name _____

Mailing Address _____

Telephone _____

E-mail Address _____

Date of Certification/Recertification
(between October 1, 2009 and September 30, 2010.) _____

Name of Certifying Agent _____

Total Amount Paid for Certification _____

Please enclose the following documents. This application form cannot be processed without these documents.

- 1) Copy of certificate or continuation of certification document, with effective date.
- 2) Copy of invoice itemizing certification costs.

Return this form with documents above to:

***Organic Certification Cost Share
Kansas Department of Agriculture
109 SW 9th Street, 4th Floor
Topeka, KS 66612-1280
Phone: (785) 296-3556***

Please Complete:

Important Check Information
SS# or FEIN Number _____ (required)
Payable to: _____
Mailing Address: _____ _____
City, state & zip: _____
Date: _____
KDA USE ONLY
Approved by: _____
Amount: _____