

## **Instructions For CCC-884**

### ***ORGANIC CERTIFICATION COST SHARE PROGRAM (OCCSP)***

Producers and handlers use this form to apply for OCCSP payments for the 2017 and 2018 program years.

Submit the original of the completed form in hard copy to any FSA county office by mail or in person. You can find an FSA county office using the USDA Service Center Locator at <http://offices.sc.egov.usda.gov/locator/app>.

In addition to CCC-884, you must also submit the following to complete your application:

- proof of USDA organic certification or transitional certification
- itemized invoice showing expenses paid to a certifying agent for certification services
- SF-1199A, if not previously filed with FSA.
- AD-2047, if not previously filed with FSA.

All documentation and required forms may be submitted in person or by mail except AD-2047, which may be submitted in person or by phone through any FSA county office.

***Producers must complete Items 1 through 15.***

*Items 16 through 18 are for FSA use only.*

**Items 1-15**

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 County FSA Name and Address	Enter the county FSA office name and address (including ZIP code).
2 Applicant Name	Enter the applicant name.  <b>Note:</b> The applicant name in Item 2 <b>must</b> match the person or entity listed on the applicant’s organic or transitional certificate.
3 Applicant’s Address	Enter the applicant’s address (including ZIP code).
4 Have you recently participated in FSA programs?	Select “Yes” or “No” to indicate whether the applicant has recently participated in FSA programs.  If “No” is selected, you must also submit completed forms AD-2047 and SF-1199A to receive payment.

Fld Name / Item No.	Instruction
5 Applicant's Phone Number	Enter the applicant's phone number.
6 Email Address	Enter the applicant's Email address.
7 Name of Organic/ Transitional Certifier	Enter the name of the certifier that issued the organic or transitional certification.
8 Certification Number/ Certifier Client ID	Enter the applicant's certification number/certifier ID.
9 Current Date of Certification/ Certificate Issued	Enter the current date of certification or date the certificate was issued.
10 Program Year	<p>Select the program year for which you are applying for benefits.</p> <p>The 2017 program year covers expenses <b>paid</b> between Oct. 1, 2016, and Sept. 30, 2017.</p> <p>The 2018 program year covers expenses <b>paid</b> between Oct. 1, 2017, and Sept. 30, 2018.</p> <p><b>Note:</b> Select <b>only</b> one year. Separate CCC-884's must be completed for each program year.</p>
11 Scope of Activity and Associated Costs	<p>Check the appropriate box(es) to indicate the scopes of activity for which you are applying, and enter the associated costs for each selected scope.</p> <p>For costs that apply to more than one scope, divide the amount by the number of all scopes for which the cost was incurred.</p> <p>Only certified organic operations in California are eligible for cost share assistance for the scope of State Organic Program fees. Although some State programs operate as organic certifiers and charge certification fees, only California operates a unique State Organic Program that imposes fees in addition to certification.</p>

<b>Fld Name / Item No.</b>	<b>Instruction</b>
12 Have you applied for cost share funds with your State...?	Check “Yes” or “No” to indicate whether you have applied for cost share assistance through your State department of agriculture or other State agency for the program year in Item 10 and scopes in Item 11.  <b>Note:</b> You cannot receive duplicate OCCSP payments for the same scope in the same program year through both FSA and a State agency.
13 Applicant’s Signature	Applicant signature.  Print the form and manually enter your signature.
14 Title/ Relationship of the Individual Signing in the Representative Capacity	If you are signing on behalf of an entity or another individual, enter your representative title/relationship to the entity or individual.  <b>Note:</b> If you are <b>not</b> signing in the representative capacity, this item should be left blank.
15 Date	Enter the date the form is signed. (MM-DD-YYYY)

**Part D Items 16 – 18 are for CCC use only.**