

<b>FSA-883</b> (11-04-21)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency (FSA)	1. Admin. State Name/Code	2. Admin. County Name/Code
<b>ORGANIC and TRANSITIONAL EDUCATION                  and CERTIFICATION PROGRAM (OTECP)</b>		3. Program Year	4. Application No .

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 205, the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq. - as amended), and the Coronavirus Aid, Relief, and Economic Security Act (Pub. L. 116-136). The information will be used to determine the applicant's ability to participate in and receive benefits under the Organic and Transitional Education and Certification Program. The information collected on this form may be disclosed to other Federal, State, and Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that the applicant is unable to participate in and receive benefits under the Organic and Transitional Education and Certification Program.*

**Public Burden Statement (Paperwork Reduction Act):** According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0560-0304**. The time required to complete this information collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

<b>PART A – APPLICANT INFORMATION</b>			
5. Applicant's Name	6. Address (Including Zip Code)	7. Have you participated in FSA programs? <div style="text-align: center;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO                 </div> (If "NO", please fill out AD-2047 and SF-3881)	8. Phone Number (Including Area code)
			9. Email Address

<b>PART B – CERTIFICATION INFORMATION &amp; EXPENSES</b>	
10. Certified Operation Name (if applicable)	11. Certification Number/Certifier Client ID (if applicable)

Category of Expenses ( <i>Check all that apply</i> ) and Expenses (applicant completes columns 12A, 12B, and 12D):				
12A. Category of Expenses	12B. Expenses	12C. COC Adjustment of Expenses	12D. Other Reimbursement for Expenses Received (Excluding OCCSP payments)	12E. COC Adjustment of Other Reimbursement for Expenses Received (Excluding OCCSP payments)
<input type="checkbox"/> Crops ( <i>certified organic</i> )	\$	\$	\$	\$
<input type="checkbox"/> Wild Crops ( <i>certified organic</i> )	\$	\$	\$	\$
<input type="checkbox"/> Livestock ( <i>certified organic</i> )	\$	\$	\$	\$
<input type="checkbox"/> Processing/Handling ( <i>certified organic</i> )	\$	\$	\$	\$
<input type="checkbox"/> State Organic Program Fees ( <i>CA Only</i> )	\$	\$	\$	\$
<input type="checkbox"/> Transitional	\$	\$	\$	\$
<input type="checkbox"/> Soil Testing	\$	\$	\$	\$
<input type="checkbox"/> Education	\$	\$	\$	\$

<b>DATE STAMPED</b>
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**PART C – APPLICANT CERTIFICATION STATEMENT**

Each applicant must submit a complete application to an FSA county office to be eligible to receive program benefits. A complete application includes this form FSA-883, and forms AD-2047 and SF-3881, if the latter were not previously filed with FSA. By signing this application, applicant:

1. Agrees to provide FSA with any documentation required to determine \_\_\_\_\_, and to verify and support all information provided, including applicant's organic certificate, requested by FSA;
2. Understands the application may be disapproved if the applicant fails to provide a complete application or any \_\_\_\_\_ requested by FSA;
3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of OTECP as published in \_\_\_\_\_ applicable Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;
4. Understands that OTECP payments are subject to the availability of funding and are subject to \_\_\_\_\_ if total calculated payments exceed available funds. Further understands that applications received after all funds are obligated will not be paid.
5. Acknowledges that if determined eligible and funding is available, the \_\_\_\_\_ eligible expenses may be adjusted from the amount entered in Item 11 to \_\_\_\_\_ the eligible expenses as reflected on documentation submitted to support the application, as determined by FSA.
6. Acknowledges that payments will not be issued until sign up for the specific program year is completed and FSA National Office determines if payments are subject to proration.

**I certify that:**

1. The above information provided by me or my legal representative is true and correct.
2. I understand that failure to provide true and correct information may result in the invalidation of this application, a \_\_\_\_\_ nation of noncompliance or ineligibility, or other remedies or sanctions. By signing this form, I further acknowledge and understand that any false representation or claims are subject to civil and criminal penalties but not limited to, those under 18 U.S.C. 1001.

13A. Applicant's Signature (By)	13B. Title/Relationship of the Individual Signing in the Representative Capacity	13C. Date (MM-DD-YYYY)
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**PART D - COUNTY COMMITTEE (COC) DETERMINATION**

14A. COC or Designee Signature	14B. Title of Representative or Designee	14C. Date (MM-DD-YYYY)	14D. Determination: <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs) and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, 1593-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov) USDA is an Equal opportunity provider, employer, and lender.