

PART C - APPLICANT CERTIFICATION STATEMENT (Continuation)

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 determination of noncompliance or ineligibility, or other remedies or sanctions.
3. I understand that I may not receive duplicate benefits for the same scope of activity and program year from both a State Agency and FSA. If it is determined that I have received duplicate benefits, I have no right to retain those payments.

| | | |
|----------------------------|--|------------------------|
| 15A. Applicant's Signature | 15B. Title/Relationship of the Individual Signing in the Representative Capacity | 15C. Date (MM/DD/YYYY) |
| | | |

PART D - COUNTY COMMITTEE (COC) DETERMINATION

| | | | |
|--------------------------------|------------|------------------------|---|
| 16A. COC or Designee Signature | 16B. Title | 16C. Date (MM/DD/YYYY) | 16D. Determination |
| | | | <input type="radio"/> Approved <input type="radio"/> Disapproved |

Privacy Act Statement: 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 1417, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Federal Crop Insurance Act (7 U.S.C. 1501 et seq., as amended), the Organic Foods Production Act of 1990 (7 U.S.C. 6501 et seq., as amended), the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171), the Agriculture Improvement Act of 2018 (Pub. L. 115-334), and the One Big Beautiful Bill Act (Pub. L. 119-21). The information will be used to determine the applicant's ability to participate in and receive benefits under the Organic Certification Cost Share 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/FSA2, 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 Certification Cost Share 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 0560-0289. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden by emailing to: askusda@usda.gov (OMB No. 0560-0289).

Non-Discrimination Statement: 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, disability, age, marital status, family/parental status, 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). Remedies 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, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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, AD-3027, found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> 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, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.