

Michigan Department of Agriculture
 Pesticide & Plant Pest Management Division
 P.O. Box 30017, Lansing, Michigan 48909
 Telephone: (517) 373-1075
 Fax: (517) 335-4540

Cost Share Application for Organic Handlers/Producers

SIGN AND DATE FORM UPON COMPLETION OF ALL APPLICABLE BLANKS

Date	Federal I.D. Number
Applicant/Company	
Mailing Address	
City, State, Zip Code	
First Name	Last Name
Telephone ()	
Certifying Agents (attach copy of certificate or renewal)	

Calculate your reimbursement:

Example: Certification costs were \$500.00, you will receive 75% reimbursement, which would be \$375.00. If your certification costs were \$1000.00, 75% would equal \$750.00, so you would only receive \$500.00, which is the maximum allowed under this program.

Total certification fees paid = \$_____ (attach support documentation)	X 75% (.75) \$_____ (maximum \$500)
--	-------------------------------------

I hereby certify that the information above is true and accurate to the best of my knowledge.

Applicant (Signature)

Date

Please submit this form with attachments:

**Michigan Department of Agriculture
 Pesticide & Plant Pest Management Division
 Attn: Colleen M. Collier
 P.O. Box 30017
 Lansing, MI 48909**