



Organic Transition Application

Please fill out this application completely and return along with the *appropriate Organic System Plan or Plans (OSP) and attachments. Use additional sheets if necessary.*

Is this a NEW or RENEWAL Application? Make your selection below.

☐ **NEW:** Application and OSP(s) should be submitted at least four months before harvest of your first “organic” crop. New applications submitted after March 1 may be delayed due to volume of renewals.

☐ **RENEWAL:** Application and OSP(s) are due by **January 1st**

For Office Use Only

Received:	Complete? y/n: Completed:
Entered:	Initials:
Check #:	Amount:
Contact: organic@ky.gov Phone: (502) 573-0282 Fax: (502) 573-2543	

Operator/Applicant Name:		Primary Contact (if different):	
Farm/Business Name:		KDA Certification #: <input type="checkbox"/> NA New	County:
Farm/Business Physical Street Address:			
City:	State:	Zip Code:	
Farm/Business Mailing Address (if different):			
Farm/Business Website:		Social Media Handle(s):	
Email:			
Phone Number:		Secondary Phone Number:	
The USDA organic standards require farms/businesses seeking certification to develop an Organic System Plan (OSP). Based on your selections above you will need to submit one or more Organic System Plans. Please indicate below which Organic System Plan(s) you are submitting with this application as required.			
<input type="checkbox"/> Crops – Fruits, Vegetables, Herbs, Wild Harvest, Hay, Pasture, Row Crops, Small Grains, Land, Hemp <ul style="list-style-type: none"> Complete the Crop Organic System Plan New applications must submit Previous Land Use Affidavit for the previous 3 years. Submit all necessary attachments as applicable. 			
<input type="checkbox"/> Livestock – Dairy Cattle, Beef Cattle, Swine, Goats, Sheep, Poultry, Eggs <ul style="list-style-type: none"> Complete the Livestock Organic System Plan in addition to the Crop OSP Submit all necessary attachments as applicable. 			



HEMP PRODUCTION

Hemp License and Organic Certification must be held under the same Producer/Operation.
Provide information below OR attach hemp license.

Hemp License Holder: _____ **Hemp License #:** _____

ORGANIC COST SHARE

Would you like to participate in the 2021 National Organic Certification Cost Share Program, which rebates up to 50% of the costs associated with certification back to certified operations?

Beginning March 20, 2017 organic producers and handlers have the option to apply through their local USDA Farm Service Agency (FSA) to participate in the cost share program. KDA will also continue to administer the cost share funds as we have in previous years. As a producer may only apply to either **KDA** or **FSA**, please indicate where you wish to apply for these funds.

☐ **YES**, I wish to apply for the cost share through **KDA**.

☐ **NO**, I will apply for cost share through **FSA**. I understand it is my responsibility to apply through FSA and meet their application requirements.

☐ **NO**, I do not wish to participate in the cost share.

AFFIRMATION

I affirm that all statements made in this application and attached OSP(s) are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the organic standards as required in 7 CFR 205 and 302 KAR 40:010.

I understand that I may withdraw this application in writing at any time. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal. I understand that my application fee is nonrefundable. I understand that voluntary withdrawal prior to the issuance of a notice of noncompliance or certification denial that I will not be issued a notice of noncompliance or certification denial.

NOTICE OF CONFIDENTIALITY: This information, including any attachments, is intended only for the use of the Kentucky Organic Certification Program, certifying agents, the Kentucky Organic Advisory Board, and required reporting information as required for the Agricultural Marketing Service (AMS) Administrator, National Organic Program. This application may contain information, individual or entity that is of a confidential nature, which is legally privileged and exempt from disclosure under applicable law. Certain information, which is considered public information, may be printed or transferred for marketing and promotional use unless otherwise specified by the signatory.

The Kentucky Department of Agriculture does not discriminate based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status in employment of the provisions of services. Reasonable accommodations are provided upon request.

Signature of Operator: _____ **Date:** _____

Printed Name: _____



Organic Transition Fee Estimate

Renewal fees are due with your application by the renewal deadline for renewal applicants:

Scopes of Organic Transition: Crop, Livestock, Wild Crops

Base Fee:

The first year of transition is free.

After the first year, the fee per scope is \$500; each subsequent scope is an additional \$250.

<u>One Scope: \$500</u>	<u>Two Scopes: \$750</u>
<u>Three Scopes: \$1,000</u>	<u>Four scopes: \$1,250</u>

Additional Fees as Applicable:

Label Review: First (5) are free of charge; each additional are **\$150** per label

Input Product Review: **\$10** per product.

Renewal Handlers and Processors Fee: The renewal rate of **\$200** per each \$100,000 increment of gross sales exceeding \$100,000 for the prior calendar year is required. The additional fee is only assessed on gross receipts for organic production. There is no additional fee required if gross organic receipts are \$100,000 or less for the prior year. There is no additional fee for first time applicants.



Fee Calculation Worksheet

Please make checks payable to the: Kentucky State Treasurer

Base Fee:

<i>One Scope: \$500</i>	<i>Two Scopes: \$750</i>
<i>Three Scopes: \$1,000</i>	<i>Four scopes: \$1,250</i>

Box 1: Base Fee:.....

\$

Additional Fees:

Enter applicable fees into the boxes below

Label Review.....

\$

Input Product Review

\$

Box 2: Total Additional Fees:

\$

***Estimated Total Fees:.....**

\$

*Total Fees due at time of application is the sum of boxes 1 and 2.



Submit Application, OSP, and Payment to:

KDA Organic Program

111 Corporate Dr.

Frankfort, KY 40601

For Questions email: organic@ky.gov or call: 502-573-2513

Once payment has been received by KDA, no refunds will be issued. Submission of fees does not guarantee certification. Certificates will not be issued until all required fees have been paid.