Instructions For CCC-884

ORGANIC CERTIFICATION COST SHARE PROGRAM (OCCSP)

Producers and handlers use this form to apply for OCCSP payments for the 2020 and subsequent 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](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
- itemized invoice showing expenses paid to a certifying agent for certification services
- SF-3881, if not previously filed with FSA.
- AD-2047, if not previously filed with FSA
- CCC-901, Part A, if not previously filed with FSA and the applicant is an entity.

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**

<table>
<thead>
<tr>
<th>Fld Name / Item No.</th>
<th>Instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 County FSA Name and Address</td>
<td>Enter the county FSA office name and address (including ZIP code).</td>
</tr>
<tr>
<td>2 Applicant Name</td>
<td>Enter the applicant name.</td>
</tr>
<tr>
<td>3 Applicant’s Address</td>
<td>Enter the applicant’s address (including ZIP code).</td>
</tr>
</tbody>
</table>

**Note:** The applicant name in Item 2 **must** match the person or entity listed on the applicant’s organic certificate.
<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>4 Have you recently participated in FSA programs?</td>
<td>Check “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-3881 to receive payment.</td>
</tr>
<tr>
<td>5 Applicant’s Phone Number</td>
<td>Enter the applicant’s phone number.</td>
</tr>
<tr>
<td>6 Email Address</td>
<td>Enter the applicant’s Email address.</td>
</tr>
<tr>
<td>7 Name of Organic Certifier</td>
<td>Enter the name of the certifier that issued the organic certification.</td>
</tr>
<tr>
<td>8 Certification Number/ Certifier Client ID</td>
<td>Enter the applicant’s certification number/certifier ID.</td>
</tr>
<tr>
<td>9 Current Date of Certification/ Certificate Issued</td>
<td>Enter the current date of certification or date the certificate was issued.</td>
</tr>
<tr>
<td>10 Program Year</td>
<td>Enter the program year for which you are applying for benefits. The 2020 program year covers expenses paid between Oct. 1, 2019, and Sept. 30, 2020. <strong>Note:</strong> Separate CCC-884’s must be completed for each program year.</td>
</tr>
<tr>
<td>11 Scope of Activity and Associated Costs</td>
<td>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. For costs that apply to more than one scope, divide the amount by the number of all scopes for which the cost was incurred. 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.</td>
</tr>
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</tr>
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</tbody>
</table>
| 12                  | 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.  
**Note:** You cannot receive duplicate OCCSP payments for the same scope in the same program year through both FSA and a State agency. |
| 13                  | Applicant signature.  
Print the form and manually enter your signature. |
| 14                  | If you are signing on behalf of an entity or another individual, enter your representative title/relationship to the entity or individual.  
**Note:** If you are **not** signing in the representative capacity, this field should be left blank. |
| 15                  | Enter the date the form is signed. *(MM-DD-YYYY)* |

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