

**UNITED STATES DEPARTMENT OF AGRICULTURE**

Farm Service Agency  
Washington, DC 20250

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**Organic Certification Cost Share Program  
1-OCCSP**

**Amendment 6**

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**Approved by:** Deputy Administrator, Farm Programs



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**Amendment Transmittal**

**A Reason for Amendment**

Subparagraph 1 B has been amended to provide the reimbursement rates changes for 2020 and future years.

Subparagraph 1 D has been amended to update OCCSP authority provisions, and to advise State and County Offices that FSA will not use AMA funding to pay producers through County Offices.

Subparagraph 3 B has been amended to remove the note.

Subparagraph 21 A has been amended to update the note.

Subparagraph 21 B has been amended to update the dates in the example.

Subparagraph 23 A has been amended to update the dates in the example.

Subparagraph 30 B has been amended to update the scope from \$750 to \$500.

Subparagraph 31 A has been amended to update the example in Item 10.

Subparagraph 31 B has been amended to update CCC-884.

Subparagraph 40 A has been amended to update the allowable certification costs for 2020 and future years.

Subparagraph 40 B has been amended for clarity.

Subparagraph 45 B has been amended to update the link to the CCC-884A workbook.

## Amendment Transmittal (Continued)

### A Reasons for Amendment (Continued)

Subparagraph 46 A has been amended to update the note and Items 9 and 10 of the CCC-884A instructions.

Subparagraph 46 B has been amended to update the example of the CCC-884A to include the revised allowable costs and maximum payment amount.

Subparagraph 50 B has been amended to revise the dates in the example in Step 3.

Subparagraph 50 C has been amended to include the revised allowable costs and maximum payment amount on the worksheet.

Exhibit 1 has been amended to update the redelegation of authority table.

<b>Page Control Chart</b>		
<b>TC</b>	<b>Text</b>	<b>Exhibit</b>
1, 2	1-1 through 1-4 2-1, 2-2 2-2.5, 2-2.6 (add) 3-1, 3-2 3-4.5, 3-4.6 3-5 through 3-8 4-1, 4-2 4-21, 2-22 4-25, 4-26 4-41 through 4-44	Ex. 1, page 2

# Table of Contents

Page No.

## Part 1 General Information

1	Overview.....	1-1
2	Responsibilities.....	1-6
3	Outreach.....	1-10
4	Equitable Relief Requests and Appeals.....	1-11
5	Misrepresentation, Scheme, or Device.....	1-12
6	National Environmental Policy Act (NEPA) Requirements.....	1-14
7-20	(Reserved)	

## Part 2 Eligibility

21	Eligible Applicants.....	2-1
22	Eligible Scopes.....	2-2.5
23	Eligible Expenses.....	2-4
24-29	(Reserved)	

## Part 3 Application Process

30	Applying for Payment.....	3-1
31	CCC-884.....	3-4.5
32	Required Documentation.....	3-8
33	Processing CCC-884.....	3-9
34-39	(Reserved)	

## Table of Contents

Page No.

### Part 4 Payment

#### Section 1 Payment Provisions

40	Payment Amount .....	4-1
41	General Provisions .....	4-2
42-44	(Reserved)	

#### Section 2 Calculating Payments

45	OCCSP Payment Calculator Worksheet.....	4-21
46	Completing CCC-884A .....	4-25
47-49	(Reserved)	

#### Section 3 Processing Payments

50	Entering OCCSP Payments.....	4-41
51-54	(Reserved)	

#### Section 4 Modifying Payments

55	General Provisions for Modifying Payments.....	4-61
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### Exhibits

1	Reports, Forms, Abbreviations, and Redelegations of Authority
2	Definitions of Terms Used in This Handbook
3	(Reserved)
4	Letter Notifying Applicant of Disapproval
5	Letter Notifying Applicant of Incomplete Application Package
6	Letter Notifying Applicant Original Documents Are Being Returned

## Part 1 General Information

### 1 Overview

#### A Handbook Purpose

This handbook provides policy and procedure to State and County Offices for administering OCCSP for 2017 and subsequent years.

#### B OCCSP Purpose

OCCSP provides cost share assistance to producers and handlers who are obtaining organic certification for the first time or renewing their previous certification. Organic certification is obtained through certifying agents accredited by the USDA NOP.

\*--For 2020 and future program years, reimbursement for 50 percent of a certified operation's allowable certification costs will be provided by OCCSP, up to a maximum of \$500 for--\* each of the following categories, or "scopes":

- crops
- wild crops
- livestock
- processing/handling
- State organic program fees.

\*--For the 2017 through 2019 program years, the authorized reimbursement amount is 75 percent of a certified operation's allowable certification costs, up to a maximum of \$750 for each scope.--\*

Currently there are no transitional certification programs established under the Organic Food Production Act of 1990, or the NOP regulation in 7 CFR Part 205. Therefore, transitional certification is **not** an eligible scope under OCCSP.

Cost share assistance is provided on a **first come, first served basis**, until all available funds are obligated. Applications received after all funds are obligated will **not** be paid.

## 1 Overview (Continued)

### 1 Overview

#### C Program History and Administration

USDA implemented OCCSP through AMS beginning in FY 2008. In FY's 2008 through 2016, AMS administered the program through grant agreements with State agencies, which allowed State agencies to accept applications from producers and handlers and make cost share payments after receiving funds through AMS.

For FY 2017 and subsequent years, the Secretary has delegated FSA authority to administer OCCSP on behalf of CCC. FSA will provide cost share assistance in the following two ways:

- State agencies may continue to provide cost share payments to producers and handlers by establishing a grant agreement with FSA
- producers and handlers may apply directly to an FSA County Office for cost share payments.

**Note:** In States where a State agency continues to participate in OCCSP, OCCSP applicants shall **not** apply through both the State agency and FSA County Office for cost share assistance for the same scope in the same program year.

## 1 Overview (Continued)

### D Authority

OCCSP provisions for FY's 2019 through 2023 were announced through a Notice of Funds \*--Availability 84 FR 17997 published on April 29, 2019. A notice amending the prior provisions was published on August 10, 2020, to change the cost share amount and maximum payment per scope:--\*

- Section 10606(d) of the Farm Security and Rural Investment Act of 2002 (7 U.S.C. 6523(d)), as amended by Section 10105 of the Agricultural Improvement Act of 2018 (2018 Farm Bill, Pub. L. 115-334), providing National funding through 2023
- 7 U.S.C. 1524, as amended by section 1609 of the 2014 Farm Bill, providing **AMA OCCSP funding**, limited to producers for crops, wild crops, and livestock scopes in the following 16 States:
  - Connecticut
  - Delaware
  - Hawaii
  - Maryland
  - Massachusetts
  - Maine
  - Nevada
  - New Hampshire
  - New Jersey
  - New York
  - Pennsylvania
  - Rhode Island
  - Utah
  - Vermont
  - West Virginia
  - Wyoming.

Organic certification under the NOP is authorized by the Organic Foods Production Act of 1990 (7 U.S.C. 6501-6524) and is subject to the regulations in 7 CFR Part 205.

\*--**Note:** For FY 2020 and subsequent years, FSA will not use AMA funding to pay producers through County Offices.--\*

1 Overview (Continued)

E Related Handbooks

Handbooks related to OCCSP include the following:

IF the material concerns...	THEN see...
referring possible fraud cases to OIG	9-AO.
appeals	1-APP.
records management	32-AS.
signatures, powers of attorney, names and addresses, controlled substances, deceased individuals, or closed estates	1-CM.
requests for relief and finality rule provisions	7-CP.
payment processing, including OLP	1-FI.
bankruptcy flags, claims, and withholdings	58-FI.
prompt payment interest	61-FI.
establishing direct deposits, assignments, and joint payees	63-FI.
establishing and reporting receipts and receivables	64-FI.
releasing information through FOIA	2-INFO.
outreach activities	22-AO.

F Modifying Provisions

Provisions in this handbook shall **not** be revised without prior approval from the National Office. Revisions include adding, deleting, editing, clarifying, supplementing, or otherwise amending any procedure, form, or exhibit.

A separate State or county handbook shall **not** be created.

G Forms

Forms, worksheets, applications, and other documents other than those provided in this handbook or issued by the National Office shall **not** be used for OCCSP.

Any document that collects data from a producer or handler, regardless of whether their signature is required, is subject to the Privacy Act and information collection procedures, including clearance of these documents by the following offices:

- National Office program area
- MSD, IMB, Forms and Graphics Section
- OMB.

Forms, worksheets, and documents developed by State or County Offices **must** be submitted to the National Office for review and approval.

**Important:** State and/or County Office-developed forms, worksheets, or other documents shall **not** be used for OCCSP unless approved by the National Office before use.



### 3 Outreach (Continued)

#### B Coordination with Participating State Agencies

State agencies may establish a grant agreement with FSA through the National Office, allowing the State agency to receive OCCSP funds and make payments to certified producers and handlers. If a State agency establishes an agreement to administer OCCSP, both the State agency and FSA County Offices in that State will accept applications and make payments to producers and handlers. Outreach efforts by FSA in those States must include information on both options for applying for the program.

The National Office will:

- notify State Offices in States where a State agency has established an agreement to administer the program

\* \* \*

- provide contact information for participating State agencies at <https://www.fsa.usda.gov/programs-and-services/occsp/index>
- provide guidance to State Offices on coordination of outreach efforts with State agencies.

## 4 Equitable Relief Requests and Appeals

### A Equitable Relief and Finality

Equitable relief and finality provisions in 7-CP apply to OCCSP.

If an application is submitted after the end of the application period, the County Office shall accept the late-filed application and consider it to be a request for programmatic relief according to 7-CP.

### B Appealable Determinations

Applicants have the right to appeal FSA decisions on CCC-884's when there is a question of fact or a factual dispute or an assertion about correctly applying a rule or generally applicable provision to a set of facts. See 1-APP for appealable determinations.

County Offices will issue a letter to applicants about the result of processing CCC-884 when a payment is either **not** computed or determined **not** to be owed to the applicant. This decision will be considered to be a decision of a COC employee and must provide appeal rights according to 1-APP.

See Exhibit 4 for an example of a letter advising an applicant that a payment was not computed, or will **not** be issued, in response to CCC-884.

### C Nonappealable Determinations

Cases involving FSA decisions on CCC-884's that have no disputes of fact are not appealable. Generally applicable provisions are not appealable according to 1-APP, including but not limited to the following:

- eligibility conditions or criteria
- signature requirements
- payment calculations.

Letters notifying applicants that a decision is not appealable must clearly explain to the applicant the reasons that the decision is not appealable.

**Note:** Avoid using general and vague statements that do not sufficiently demonstrate the reasons that a decision is not appealable. Applicants may request that SED or NAD director review FSA's determination that an adverse decision is not appealable.

## Part 2 Eligibility

### 21 Eligible Applicants

#### A Producers and Handlers

To be eligible for OCCSP payments, a producer or handler **must** have both of the following:

- a valid organic certification for their operation at the time of application

**Notes:** The applicant **must** be the certified operation shown on the organic certificate. Certified operations may be individuals or entities.

Operations with DBA on their organic certificate are eligible for OCCSP. Record DBA on the information line for the address in Business Partner to connect the operator of record to the name on the organic certificate.

\*--If an applicant pays expenses during a program year but does not receive their certificate until after the application deadline, the producer may submit a late-filed application.--\*

Operations with suspended, revoked, or withdrawn certifications at the time of application are ineligible for cost share reimbursement.

- paid fees or expenses related to its initial certification or renewal of its certification from a certifying agent.

\*--**Note:** If a third party paid fees or expenses, contact the National Office for guidance.--\*

OCCSP cost share assistance is available for certified producers and handlers located in:

- all 50 States
- District of Columbia
- Commonwealth of Puerto Rico
- Guam
- American Samoa
- United States Virgin Islands
- Commonwealth of the Northern Mariana Islands.

OCCSP funds are provided through two separate authorizations: **National OCCSP funds** and **AMA OCCSP funds**. National OCCSP funds are available for producers and handlers in all eligible States and territories and for all scopes. AMA OCCSP funds are **only** available for producers in 16 States and are limited to payments for the scopes of crops, wild crops, and livestock. See subparagraph 1 D.

## 21 Eligible Applicants (Continued)

### A Producers and Handlers (Continued)

**Notes:** The payment calculation workbook will automatically determine whether national OCCSP or AMA OCCSP funds should be used based on a producer's location and scopes, the location of the County Office processing the application, and available funds.

\*--For the 2020 program year, AMA funds will not be used for payments by County Offices.--\*

Foreign persons and universities are eligible for OCCSP.

### B Verifying Certification Status

To be eligible for OCCSP, applicants must have a valid organic certificate when their application is submitted.

\*--**Example:** An operation pays organic certification expenses on April 1, 2020, submits a complete OCCSP application on June 1, 2020, and surrenders its organic certificate on June 15, 2020. The operation is eligible for 2020 OCCSP because it had a valid organic certification on the date it applied for OCCSP.

Before approving an OCCSP application, the County Office must verify an applicant's--\* organic certification status by:

- confirming that the operation is listed in the Organic Integrity Database at <https://organic.ams.usda.gov/Integrity/>
- contacting the certifying agent listed on the applicant's organic certificate if the operation is **not** listed in the Organic Integrity Database.

**Note:** FSA does **not** make determinations about whether a certified operation meets the requirements of the NOP or is following the Organic System Plan.

## 22 Eligible Scopes

### A Overview

OCCSP payments are subject to payment caps based on the following 5 categories of certification expenses or “scopes”:

- crops
- wild crops
- livestock
- handling/processing
- State organic program fees.

Each expense submitted for cost share assistance must be categorized according to the 5 scopes in this subparagraph.



## 22 Eligible Scopes (Continued)

### B USDA Organic Certification Scopes

Organic operations may be certified for any combination of the following scopes identified in the NOP regulations:

- crops
- wild crops
- livestock
- handling/processing.

To be eligible for cost share assistance for any of these 4 scopes, the scopes **must** be listed on the operation's organic certificate.

FSA shall **not** review or make determinations about whether the organic certifier has included the correct scopes on an applicant's organic certificate. If an applicant believes they should be eligible for additional USDA organic certification scopes **not** listed on their organic certificate, it is the applicant's responsibility to contact their organic certifier and request that the additional scopes be added. FSA **cannot** provide cost-share assistance for scopes not listed on the organic certificate.

**Notes:** Some organic certificates may use “**categories**” or a similar term instead of “**scopes**.” Use of a different term for “**scopes**” does not affect the certified operation's eligibility.

\*--Industrial hemp may be certified as organic if produced according to applicable statutes and USDA regulations. See NOP guidance at--\*  
<https://www.ams.usda.gov/sites/default/files/media/NOP%202040%20Hemp%20Instruction.pdf>. Producers of certified organic industrial hemp are eligible for OCCSP.

### C State Organic Program Fees

State Organic Programs may be approved by the Secretary according to the requirements of the NOP. At this time, **only** California has an approved State Organic Program. Producers and handlers located outside of California do **not** incur State Organic Program fees and are **not** eligible to receive OCCSP assistance for this scope.

Some States are accredited by the NOP to act as organic certifying agents; however, this role is different than administering an approved State Organic Program. Amounts paid to a State agency for USDA organic certification services should be reported according to the appropriate scopes in subparagraph B.

## 23 Eligible Expenses

### A Payment in Program Year

OCCSP eligibility is based on the date expenses are **paid** by the certified operation, rather than on the date the organic certification is effective.

Eligible expenses include **only** expenses that are **paid** from:

- October 1, 2016, through September 30, 2017, for the 2017 program year
- October 1, 2017, through September 30, 2018, for the 2018 program year
- October 1, 2018, through September 30, 2019, for the 2019 program year
- October 1, 2019, through September 30, 2020, for the 2020 program year
- October 1, 2020, through September 30, 2021, for the 2021 program year
- October 1, 2021, through September 30, 2022, for the 2022 program year
- October 1, 2022, through September 30, 2023, for the 2023 program year.

**Note:** Expenses that have been **incurred** during the program year but **not paid** by the applicant are **not eligible** for cost share assistance.

**Example:** A certified organic producer is inspected by their certifying agent on \*--September 1, 2019, and receives a bill from the certifier on September 15, 2019, indicating the amount due for certification services. The producer pays all expenses related to their certification on October 5, 2019. The producer may apply for cost share assistance for these expenses for the 2020 program year.--\*

### B Allowable and Unallowable Costs

Following are the **only** allowable costs accepted:

- application fees and administrative fees
- inspection fees, including travel costs and per diem for organic inspectors
- USDA organic certification costs, including fees necessary to access international markets with which AMS has equivalency agreements or arrangements
- State Organic Program fees (applicable **only** in California)
- user fees or sale assessments
- postage.



## Part 3 Application Process

### 30 Applying for Payment

#### A Application Periods

OCCSP program years will be on an FY basis. Producers and handlers may apply for OCCSP from:

- March 20, 2017, through October 31, 2017, or until funds for 2017 are no longer available, for the 2017 program year
- October 1, 2017, through October 31, 2018, or until funds for 2018 are no longer available, for the 2018 program year
- \*--October 1, 2018, through October 31, 2019, or until funds are no longer available for the 2019 program year
- October 1, 2019, through October 31, 2020, or until funds are no longer available for the 2020 program year
- October 1, 2020, through October 31, 2021, or until funds are no longer available for the 2021 program year
- October 1, 2021, through October 31, 2022, or until funds are no longer available for the 2022 program year
- October 1, 2022, through October 31, 2023, or until funds are no longer available for the 2023 program year.--\*

**Note:** Participating State agencies will establish their own application process and deadlines for producers and handlers.

Cost share assistance is provided on a **first come, first served basis**, until all available funds are obligated. Applications received after all funds are obligated will **not** be paid. The National Office will provide guidance to State Offices if funds are expected to become unavailable before the end of the application period.

## 30 Applying for Payment (Continued)

**B Application Package**

A complete application includes the following:

- a completed CCC-884
- USDA organic certificate

**Notes:** The format of certificates may vary by certifier.

Certificates do **not** expire.

- itemized invoice showing expenses **paid** to a certifying agent for certification services

**Note:** Records showing an amount due that do **not** indicate that payment has been made by the producer or handler will **not** be accepted.

- AD-2047, if not previously filed
- SF-3881, if not previously filed

**Note:** The policy allowing hardship waivers of the EFT requirement applies to OCCSP. See 63-FI.

- CCC-901, Part A, if not previously filed and the applicant is an entity.

**Notes:** CCC-901 is required for legal entities to identify individuals with signature authority according to 1-CM. If the entity chooses not to provide a completed CCC-901, Part A, the legal entity must provide sufficient documentation to support the authority of the individual signing on behalf of the entity.

Apply the maximum payment per organic certificate and consider entities with separate certificates to be separate producers/handlers. For stores that have separate certificates for different locations, each location is considered a separate \*--handler and may obtain up to \$500 per scope.--\*

Additional documentation may be required by FSA if necessary to verify eligibility or issue the payment.

**Notes:** OCCSP applicants are **not** required to file an acreage report; however, County Offices may encourage producers who apply for OCCSP to file an acreage report to facilitate participation in other FSA programs and for use in their Organic System Plans.

Participating State agencies may develop their own application forms for OCCSP. FSA will **not** accept a State agency's OCCSP application form in lieu of CCC-884.

31 CCC-884

**A Completing CCC-884**

\*--CCC representative will complete items 1 and 16 through 18.

The producer or handler applying for OCCSP will complete items 2 through 15.--\*

Item	Instructions
1	Enter the County FSA Office name and address (including ZIP code).
<b>Part A – Applicant Information</b>	
2	Enter the applicant’s name.  <b>Notes:</b> The applicant’s name must be the name of the certified operation listed on the applicant’s organic certificate. See subparagraph 21 A.  A person or entity with multiple certified operations must submit separate CCC-884’s for each certified operation for which they are requesting payment.
3	Enter the applicant’s address (including ZIP code).
4	Select “yes” or “no” to indicate whether the applicant has recently participated in FSA programs.  If “no” is selected, the applicant must also submit a completed AD-2047 and SF-3881 to receive payment.
5	Enter the applicant’s telephone number.
6	Enter the applicant’s e-mail address.
<b>Part B – Certification Information</b>	
7	Enter the name of the certifier that issued the organic certification.
8	Enter the applicant’s certification number/certifier ID.
9	Enter the current date of certification or date the certificate was issued.
10	Enter the program year for which the applicant is applying for benefits.  <b>*--Example:</b> The 2020 program year covers expenses <b>paid</b> between October 1, 2019, and September 30, 2020.--*  <b>Note:</b> Separate CCC-884’s must be completed for <b>each</b> program year.



A Completing CCC-884 (Continued)

Item	Instructions
11	<p>Check the appropriate box(es) for the scope(s) of activity and enter the associated costs for each scope selected.</p> <p>For costs that apply to more than 1 scope, divide the amount by the number of all scopes for which the cost was incurred.</p> <p><b>Note:</b> Only certified organic operations in California are eligible for cost share assistance for 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 expenses.--*</p>
12	<p>Check “yes” or “no” to indicate whether the applicant has applied for cost share assistance through a participating State agency for the program year in item 10 and scopes in item 11.</p> <p><b>Note:</b> Applicants <b>cannot</b> receive duplicate OCCSP payments for the same scope in the same program year through both FSA and a State agency.</p>
<b>Part C – Applicant Certification Statement</b>	
13	Applicant signature.
14	<p>Enter applicant’s representative title/relationship to the entity or individual.</p> <p><b>Note:</b> If applicant is not signing in a representative capacity, this field should be left blank.</p>
15	Enter the date the form is signed.
<b>Part D – CCC Representative Approval or Disapproval</b>	
16	CCC representative signature.
17	Check action taken on the application (approve or disapprove).
18	Date the CCC representative took action on the application.

**B Example of CCC-884**

Following is an example of CCC-884.

\* --

This form is available electronically		Form Approved - OMB No. 0560-0289 Expiration Date: 04/30/2023	
CCC-884 (04-20-20)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>ORGANIC CERTIFICATION COST                  SHARE PROGRAM (OCCSP)</b> (For 2020 and Subsequent Years)	1. County FSA Name and Address (Including Zip Code)	
<b>NOTE:</b> 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 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), and the Agriculture Improvement Act of 2018 (Pub. L. 115-334). The information will be used to determine applicant 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, 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 Certification Cost Share Program.			
<b>Public Burden Statement (Paperwork Reduction Act):</b> 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. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b>			
<b>PART A – APPLICANT INFORMATION</b>			
2. Applicant Name	3. Applicant's Address (Including Zip Code)	4. Have you recently participated in FSA programs? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "NO", please fill out an AD-2047 and SF-3881)	5. Applicant's Phone Number (Including Area code)  6. Email Address
<b>PART B – CERTIFICATION INFORMATION</b>			
7. Name of Organic Certifier		8. Certification Number/Certifier Client ID	9. Current Date of Certification/Certificate Issued
10. Enter the program year (OCCSP program years are based on the fiscal year in which expenses are paid). See instructions for the specific dates covered by each program year. _____			
11. Scope of Activity (Check all that apply) and Associated Costs:			
<input type="checkbox"/> Crops \$ _____ <input type="checkbox"/> Livestock \$ _____ <input type="checkbox"/> State Organic Program Fees (CA Only) \$ _____ <input type="checkbox"/> Wild Crops \$ _____ <input type="checkbox"/> Processing/Handling \$ _____			
12. Have you applied for cost share funds with your State for the program year in Item 10 and for the Scopes selected in Item 11? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", you will be ineligible for cost share benefits with FSA.)			
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 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 responsible Agency or USDA's 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, AD-3027, found online at <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> 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.C. 20250-9410; 2) fax: (202) 690-7442; or 3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> . USDA is an equal opportunity provider, employer, and lender.			

31 CCC-884 (Continued)

B Example of CCC-884 (Continued)

\*--

<p><b>CCC-884 (04-20-20)</b></p> <p><b>PART C – APPLICANT CERTIFICATION STATEMENT</b></p> <p><i>Each applicant must submit a complete application to an FSA county office to be eligible to receive program benefits. A complete application includes form CCC-884, a copy of the applicant's organic certificate, itemized documentation of certification expenses paid by the applicant, and forms AD-2047 and SF-3881 if not previously filed with FSA. By signing this application, applicant:</i></p> <ol style="list-style-type: none"> <li>1. Agrees to provide FSA any documentation required to determine eligibility and to verify and support all information provided, including applicant's organic certificate;</li> <li>2. Understands the application may be disapproved if the applicant fails to provide a complete application or any information requested by FSA;</li> <li>3. Agrees to comply with, and acknowledges the applicant is subject to, all provisions of OCCSP as published in the Notice of Funds Availability published in the Federal Register, and all applicable rules and regulations;</li> <li>4. Understands that OCCSP payments are provided on a first come, first served basis until all available funds are obligated, and applications received after all funds are obligated will not be paid;</li> <li>5. Acknowledges that if determined eligible and funding is available, the applicant's certification cost may be adjusted from the amount entered in Item 11 to reflect eligible allowable costs indicated by the documentation submitted to support the application.</li> </ol> <p><b>I certify that:</b></p> <ol style="list-style-type: none"> <li>1. The above information provided by me or my legal representative is true and correct.</li> <li>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.</li> <li>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.</li> </ol>		<p>Page 2 of 2</p>	
<p>13. Applicant's Signature (By)</p>	<p>14. Title/Relationship of the Individual Signing in the Representative Capacity</p>	<p>15. Date (MM-DD-YYYY)</p>	
<p><b>PART D – CCC REPRESENTATIVE APPROVAL OR DISAPPROVAL</b></p>			
<p>16A. CCC Representative's Signature (or Designee)</p>	<p>16B. Title of Representative or Designee</p>	<p>17. Action:</p> <p><input type="checkbox"/> APPROVED</p> <p><input type="checkbox"/> DISAPPROVED</p>	<p>18. Date (MM-DD-YYYY)</p>

--\*

32 Required Documentation

A Applicant Responsibilities

Application packages are **not** complete and CCC-884 **cannot** be approved unless applicants have provided documentation to support the scopes and associated costs entered on CCC-884. The applicant is responsible for providing documentation for the associated costs for each selected scope in a manner that can be understood by the CCC representative.

B County Office Responsibilities

County Offices shall follow this table when receiving and reviewing documentation.

Step	Action
1	Date stamp original hard copy documentation. Ensure receiving county name is identified.
2	Photocopy original date-stamped documentation submitted by the applicant.
3	Place photocopied data-stamped documentation in the applicant's file.
4	Return original date-stamped documentation to the producer.  <b>Note:</b> The original date-stamped documentation can only be returned to the applicant if the photocopies have been made and placed in the applicant's file.
5	Review the applicant's file for previously submitted documentation. Ensure that documentation has not been duplicated.
6	Review all documentation provided by the applicant and determine whether the documentation is acceptable.

**Note:** State and County Offices shall **not** use unapproved forms, worksheets, applications, or other documents to obtain or collect the data required from applicants to complete CCC-884.



## Part 4 Payment

### Section 1 Payment Provisions

#### 40 Payment Amount

##### A Overview

OCCSP payments **must** be calculated separately by scope and will be equal to the lesser of:

- \*--for 2019 and prior years:
  - the total allowable certification costs times 75 percent
  - \$750 per scope
- for 2020 and subsequent years:
  - the total allowable certification costs times 50 percent
  - \$500 per scope.--\*

Before calculating the payment amount, County Offices must review documentation and verify the total allowable costs. Any costs that are included by the applicant on CCC-884 that are ineligible for cost share must be excluded from the total allowable costs used to calculate the payment.

Each eligible expense must be assigned to 1 of the 5 scopes. If a single expense is incurred \*--for more than 1 scope, the amount will be divided by the number of applicable scopes and the result will be applied to each applicable scope when calculating a payment.--\*

##### B Limitations

A certified operation is limited to a maximum payment of:

- \*--\$750 per scope for the 2019 and prior program years
- \$500 per scope for the 2020 and subsequent program years.

Persons or entities with more than one certified operation (such as more than one organic certificate) may receive an OCCSP payment of up to maximum payment per--\* scope for each operation.

Certified operations+ **cannot** receive a cost share payment for the same scope in the same year from both FSA and a State agency. State agencies will report applicant information to the National Office, and the National Office will determine whether duplicate payments have been made. OCCSP applicants who have received duplicate payments will be required to return the amount of any duplicate payment to FSA.

**40 Payment Amount (Continued)****C Sequestration**

Sequestration will be applied to the total amount of funding available for OCCSP if required by law. It will **not** be applied after individual payment amounts are calculated.

**41 General Provisions****A Obtaining FSA-325**

\*--FSA-325 will be completed, according to 1-CM, by individuals or entities requesting payments **earned** by a producer who has died, disappeared, or been declared incompetent subsequent to applying for program benefits. Payments will be issued to the individuals--\* or entities requesting payment using the deceased, incompetent, or disappeared producer's ID number.

**Note:** If CCC-884 has been filed by the producer, a revised CCC-884 is **not** required when payments are issued under the deceased, incompetent, or disappeared producer's ID number.

**B Administrative Offset**

OCCSP payments issued by FSA are subject to administrative offsets.

**C Bankruptcy**

Bankruptcy status does **not** exclude a producer from requesting OCCSP benefits. **Contact the OGC regional attorney for guidance on issuing OCCSP payments on all bankruptcy cases.**

**D Assignments and Joint Payments**

County Offices shall process assignments and joint payments according to 63-FI.

**E Payment Due Date**

The online payment system sends the date entered in subparagraph 50 B, Step 5, to NPS as the payment due date.

**F Processing Payments**

\*--OCCSP payments will be issued as soon as **all** of the following conditions exist:--\*

- The applicant has provided all required program documentation
- CCC-884 is approved.

## Section 2 Calculating Payments

### 45 OCCSP Payment Calculator Worksheet

#### A Interim Payment Process

Automated OCCSP payment software is not currently available; therefore, an interim payment process has been developed so that OCCSP payments may be issued. When an automated OCCSP payment process is available, the OCCSP interim payment process will be disabled.

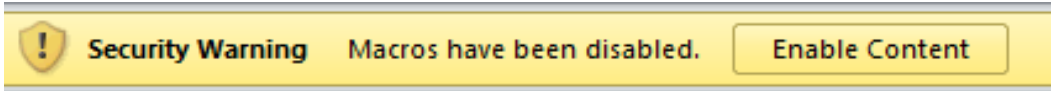
A payment calculator worksheet based on CCC-884A has been developed by the National Office and **must** be used by County Offices to manually calculate OCCSP payments. The payment amounts determined using the payment calculator worksheet will be issued using the OCCSP interim payment process.

**Note:** The workbook will determine the proper accounting code to use in the online payment software. Once AMA OCCSP funds are depleted, the National Office will provide a revised worksheet with updated accounting codes. It is imperative the 16 states identified in subparagraph 1 D ensure the most recent version of the worksheet is being used when calculating and processing AMA OCCSP payments.

45 OCCSP Payment Calculator Worksheet (Continued)

**B Accessing and Saving the Payment Calculator Worksheet**

The following table provides instructions for accessing and saving the OCCSP payment calculator worksheet.

Step	Action
1	*--Access the DAFP Organic Certification Cost Share Program page at <a href="https://inside.fsa.usda.gov/program-areas/dafp/special-programs/occsp/index.--*">https://inside.fsa.usda.gov/program-areas/dafp/special-programs/occsp/index.--*</a>
2	CLICK “ <b>CCC-884A</b> ”. A “File Download” dialog box will be displayed for the applicable crop year.
3	CLICK “ <b>Open</b> ” in the “File Download” dialog box.
4	<p>At the top of the screen, between the toolbar and the window, the following security warning will be displayed.</p>  <p>CLICK “<b>Enable Content</b>”.</p> <p><b>Note:</b> This step needs to be performed <b>every time</b> the worksheet is opened.</p> <p><b>Warning:</b> Do <b>not</b> attempt to permanently enable macros because this will make the calculator unusable and could potentially create a security breach.</p>
5	<p>Save the document by doing the following:</p> <ul style="list-style-type: none"> <li>• CLICK “<b>File</b>”, scroll down and CLICK “<b>Save As</b>”</li> <li>• CLICK “<b>Excel Macro Enabled Workbook</b>”</li> <li>• navigate to user’s desktop</li> <li>• CLICK “<b>Save</b>”.</li> </ul> <p>By following these steps, the document will be placed on the user’s desktop with an icon. The document will be named “<b>CCC-884A.xlsm</b>”.</p>

**Note:** The payment calculator worksheet is for FSA internal use **only** and will **not** be distributed.

## 46 Completing CCC-884A

## A CCC-884A Instructions

Complete CCC-884A according to the following table.

**Note:** Items in these instructions for CCC-884A correspond to the item numbers in the \*--OCCSP payment calculator worksheet for 2020 and subsequent program years.--\*

Item	Action
1A	Enter the county FSA name.
1B	Enter the State.
2	Enter the program year entered in CCC-884, Item 10.
3	Enter the applicant's name as entered on CCC-884, Item 2.
4	Enter the applicant's State.
5	Select the scopes that were selected on CCC-884, Item 11.
6	Enter the total associated costs for each scope as entered on CCC-884, Item 11.  <b>Note:</b> The associated costs <b>must</b> be supported by documentation.
7	Enter the sum of any ineligible costs that were included in the associated costs from CCC-884, Item 11, as determined by the CCC representative based on the documentation.
8	Enter the total allowable costs, determined by subtracting Item 7, Ineligible Costs, from Item 6, Total Associated Costs.  <b>Note:</b> This will be automatically calculated by the Excel payment calculator worksheet.
9	*--Multiply Item 8, Total Allowable Costs, by 50 percent.  <b>Note:</b> This will be automatically calculated by the Excel payment calculator worksheet.
10	The maximum payment amount of \$500 is pre-filled.--*
11	Enter the lesser of the Item 9 or Item 10.  <b>Note:</b> This will be automatically calculated by the Excel payment calculator worksheet.
12	Enter the applicable program code.  <b>Note:</b> This will be automatically completed by the Excel payment calculator worksheet.
13A	Enter the signature of the preparer.
13B	Enter the title of the preparer.
13C	Enter the date the preparer signed CCC-884A.
14A	Enter the signature of the 2 <sup>nd</sup> party reviewer.
14B	Enter the title of the 2 <sup>nd</sup> party reviewer.
14C	Enter the date the 2 <sup>nd</sup> party reviewer completed the review.

46 Completing CCC-884A (Continued)

B Example CCC-884A

\*--The following is an example of the manual CCC-884A, Excel Worksheet.

CCC-884A 0 U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation  <b>ORGANIC CERTIFICATION COST SHARE PROGRAM                  MANUAL PAYMENT WORKSHEET FOR                  2020 AND SUBSEQUENT PROGRAM YEARS</b>				1a. County FSA Name Kalawao		1b. State HI	2. Program Year (from CCC-884, Item 10) 2020	
				3. Applicant Name (from CCC-884, Item 2) Any Producer			4. Applicant's State HI	
5. Scope (Check all that apply) (From CCC-884, Item 11)		6. Total Associated Costs	7. Ineligible Costs	8. Total Allowable Costs (Item 6 - Item 7)	9. Allowable Costs x 50% (Item 8 x 50%)	10. Maximum Payment Amount	11. Calculated OCCSP Payment: Lesser of 50% of Allowable Costs or Maximum Payment Amount (Item 9 or Item 10)	12. Program Code
<input checked="" type="checkbox"/> Crops		\$750.00		\$750.00	\$375.00	\$500.00	\$375.00	20NATCROP
<input type="checkbox"/> Wild Crops						\$500.00		20NATWILD
<input type="checkbox"/> Livestock						\$500.00		20NATLIVE
<input checked="" type="checkbox"/> Processing/Handling		\$933.00		\$933.00	\$466.50	\$500.00	\$466.50	20NATFEEHAND
<input type="checkbox"/> State Organic Program Fees (CA only)						\$500.00		20NATFEESOP
13A. Signature of Preparer				13B. Title of Preparer			13C. Date Signed (MM-DD-YYYY)	
14A. Signature of 2 <sup>nd</sup> Party Reviewer				14B. Title of 2 <sup>nd</sup> Party Reviewer			14C. Date Signed (MM-DD-YYYY)	

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47-49 (Reserved)

**Section 3 Processing Payments**

**50 Entering OCCSP Payments**

**A Background**

Amounts calculated using CCC-884A will be recorded through OLP, according to 1-FI, Part 3.

**B Recording Payment**

\*--County Offices will issue the OCCSP payments through OLP, according to this table.

**Reminder:** OCCSP payment amounts will **not** be issued through OLP until all--\* documentation requirements have been met and the producer’s CCC-884 is approved according to Part 3.

Step	Action	Result
1	Access “Online Payment Home Page” according to 1-FI, Part 3.	The Online Payment page will be displayed.
2	CLICK “Create Payment” on the Online Payment page.	The Create Payment-Customer Search Screen will be displayed.
3	<p>On the Create Payment - Customer Search Screen:</p> <ul style="list-style-type: none"> <li>• select the State and county</li> <li>• enter the program code:                             <ul style="list-style-type: none"> <li>• CLICK “SCIMS”, enter TIN and select TIN type</li> <li>• CLICK “Next”.</li> </ul> </li> </ul> <p><b>Notes:</b> A producer must operate under the same name and TIN for all their farming operations with FSA to be eligible for OCCSP reimbursement.</p> <p>The program code is provided in CCC-884A, item 12.</p> <p>AMA OCCSP program codes will <b>not</b> be accepted by OLP after October 1 of the following program year. For payments being issued after October 1, a revised payment calculator worksheet will be released that <b>only</b> provides national OCCSP program codes.</p> <p><b>Example:</b> A producer in 1 of the 16 AMA-eligible States submits a *--complete application package on September 30, 2020, but the payment is not entered in OLP until November 2, 2020.--* The County Office will:</p> <ul style="list-style-type: none"> <li>• use the revised payment calculator worksheet to calculate the payment amount</li> <li>• enter <b>only</b> national OCCSP programs codes and <b>not</b> AMA OCCSP program codes into OLP.</li> </ul> <ul style="list-style-type: none"> <li>• CLICK “Select”.</li> </ul>	The SCIMS Customer Search page will be displayed.

50 Entering OCCSP Payments (Continued)

B Recording Payment (Continued)

Step	Action	Result
4	SELECT the applicable producer on the SCIMS Customer Search page.	The Create Payment-Payment Entry Screen will be displayed.
5	<p>On the Create Payment-Payment Entry Screen enter the following data:</p> <ul style="list-style-type: none"> <li>• payment amount</li> </ul> <p><b>Note:</b> The payment amount is provided in Item 11 for the corresponding program code in CCC-884A, Item 12.</p> <ul style="list-style-type: none"> <li>• confirm amount – <b>same as payment amount</b></li> <li>• issue date – <b>enter date payment is to be issued</b></li> <li>• prompt payment due date – <b>enter date</b></li> <li>• application number – <b>ENTER “0001”</b></li> <li>• <b>CLICK “Add”.</b></li> </ul>	The Create Payment-Payment Detail Screen will be displayed.
6	<p>A confirmation message will be displayed that “Payment has been successfully created. This payment request must be certified and signed in NPS.”</p> <p>PRESS “OK” on the Create Payment – Payment Detail Screen.</p>	The Create Payment – Customer Search Screen will be displayed.



50 Entering OCCSP Payments (Continued)

C Example of Determining OCCSP Payment Information

The following is an example of a worksheet for a county in Hawaii that includes the scopes of crops and processing/handling.

\*--

<b>CCC-884A</b> U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation		1a. County FSA Name Kalawao County		1b. State HI		2. Program Year (from CCC-884, Item 10) 2020		
<b>ORGANIC CERTIFICATION COST SHARE PROGRAM                  MANUAL PAYMENT WORKSHEET FOR                  2020 AND SUBSEQUENT PROGRAM YEARS</b>				3. Applicant Name (from CCC-884, Item 2) Any Producer			4. Applicant's State HI	
				5. Scope (Check all that apply) (From CCC-884, Item 11)		6. Total Associated Costs	7. Ineligible Costs	8. Total Allowable Costs (Item 6 - Item 7)
<input checked="" type="checkbox"/> Crops		\$750.00		\$750.00	\$375.00	\$500.00	\$375.00	20NATCROP
<input type="checkbox"/> Wild Crops						\$500.00		
<input type="checkbox"/> Livestock						\$500.00		
<input checked="" type="checkbox"/> Processing/Handling		\$933.00		\$933.00	\$466.50	\$500.00	\$466.50	20NATFEEHAND
<input type="checkbox"/> State Organic Program Fees (CA only)						\$500.00		
13A. Signature of Preparer				13B. Title of Preparer			13C. Date Signed (MM-DD-YYYY)	
14A. Signature of 2 <sup>nd</sup> Party Reviewer				14B. Title of 2 <sup>nd</sup> Party Reviewer			14C. Date Signed (MM-DD-YYYY)	

--\*

The following table provides the steps that would be followed in OLP for the scope of “Crops” based on the example above.

Step	Action	Result
1	Access “Online Payment Home Page” according to 1-FI, Part 3.	The Online Payment page will be displayed.
2	CLICK “Create Payment” on the Online Payment page.	The Create Payment – Customer Search Screen will be displayed.
3	On the Create Payment – Customer Search Screen: <ul style="list-style-type: none"> <li>• select the State and county</li> <li>•*--ENTER program code – 20NATCROP--*</li> <li>• CLICK “SCIMS”, enter TIN and select TIN type</li> <li>• CLICK “Next”</li> <li>• CLICK “Select”.</li> </ul>	The SCIMS Customer Search page will be displayed.

50 Entering OCCSP Payments (Continued)

C Example of Determining OCCSP Payment Information (Continued)

Step	Action	Result
4	Select the applicable producer on the SCIMS Customer Search page.	The CREATE Payment – Payment Entry Screen will be displayed.
5	On the Create Payment – Payment Entry Screen ENTER the following data: <ul style="list-style-type: none"> <li>• *--payment amount – <b>\$466.50</b></li> <li>• confirm amount – <b>\$466.50--*</b></li> <li>• issue date - <b>enter date payment is to be issued</b></li> <li>• prompt payment due date – <b>enter date</b></li> <li>• application number – <b>ENTER “0001”</b></li> <li>• <b>CLICK “Add”</b>.</li> </ul>	The Create Payment – Payment Detail Screen will be displayed.
6	PRESS “OK” on the Create Payment – Payment Detail Screen.	The Create payment – Customer Search Screen will be displayed.

The following table provides the steps that would be followed in OLP for the scope of “Processing/Handling” based on the example above.

Step	Action	Result
1	Access “Online Payment Home Page” according to 1-FI, Part 3.	The Online Payment page will be displayed.
2	CLICK “Create Payment” on the Online Payment page.	The Create Payment – Customer Search Screen will be displayed.
3	On the Create Payment – Customer Search Screen: <ul style="list-style-type: none"> <li>• select the State and county</li> <li>• *--ENTER program code – <b>20NATFEEHAND--*</b> <ul style="list-style-type: none"> <li>• <b>CLICK “SCIMS”</b>, enter TIN and select TIN type</li> <li>• <b>CLICK “Next”</b></li> </ul> </li> <li>• <b>CLICK “Select”</b>.</li> </ul>	The SCIMS Customer Search page will be displayed.

Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

None

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-2047	Customer Data Worksheet Request for Business Partner Record Change		30, 31, 33
CCC-884	Organic Certification Cost Share Program (OCCSP)	31	Text
CCC-884A	Organic Certification Cost Share Program Manual Payment Calculation Worksheet	46	2, 33, 45, 50
CCC-901	Member’s Information Agricultural Act of 2014		30, 33
FSA-325	Application for Payment of Amounts Due Persons Who Have Died, Disappeared, or Have Been Declared Incompetent		41
SF-3881	ACH Vendor/Miscellaneous Payment Enrollment Form		30, 31, 33

Abbreviations Not Listed in 1-CM

The following abbreviations are not listed in 1-CM.

Approved Abbreviation	Term	Reference
AMA	Agricultural Management Assistance	1, 2, 21, 41, 45, 50
DBA	Doing Business As	21
NOFA	Notice of Funds Availability	2, 3
NOP	National Organic Program	1, 21, 22, 34, Ex. 2
OCCSP	Organic Certification Cost Share Program	Text
OLP	Online Payments	1, 50, 55
OTIS	Outreach Tracking Information System	3

**Reports, Forms, Abbreviations, and Delegations of Authority**

**Redelegations of Authority**

This table lists the redelegations of authority in this handbook.

<b>Redelegation</b>	<b>Reference</b>
CCC representative is delegated authority to approve late-filed *--CCC-884's if filed by December 31 of the following program year.	Subparagraph 30 E
SED is delegated authority to approve late-filed CCC-884's if filed by December 31 of the following program year.--*	Subparagraph 30 E
CED may redelegate responsibility to PT for approving CCC-884's.	Subparagraph 33 B