#### UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency Washington, DC 20250

Organic Certification Cost Share Program	
1-OCCSP	Amendment 10

Deep

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



#### A Reasons for Amendment

**Amendment Transmittal** 

Subparagraph 1 B has been amended to add the 2024 reimbursement rate.

Subparagraph 1 D has been amended to:

- add the FY 2024 notice of funds availability date of publication
- provide Federal Register citations
- update the statutory authority.

Subparagraph 1 I has been amended to add the FY 2024 OCCSP coverage and application period dates.

Subparagraph 21 A has been amended to clarify that for 2020 and subsequent years, AMA funds will not be used for payments by County Offices.

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

Subparagraph 23 A has been amended to add FY 2024 eligible expenses coverage dates and to update the example.

Subparagraph 30 A has been amended to update OCCSP application dates.

Subparagraph 30 E has been amended to update the example.

Subparagraph 31 B has been amended to add the revised CCC-884.

Subparagraph 40 A has been amended to add 2024 OCCSP payment calculations.

Subparagraph 40 B has been amended to add 2024 program year certified operation payment limitation.

5-16-24 Page 1

# **Amendment Transmittal (Continued)**

#### A Reasons for Amendment (Continued)

Subparagraph 45 B has been amended to update the Payment Calculator Worksheet.

Subparagraph 46 A has been amended to update the note.

Subparagraph 46 B has been amended to add the 2024 CCC-884A.

Subparagraph 50 C has been amended to update the manual worksheet example date and program code.

Exhibit 4 has been amended to update the disapproval letter template link.

Exhibit 5 has been amended to update the letter incomplete package letter template link.

Exhibit 6 has been amended to update the returning original documents letter template link.

Page Control Chart		
TC	Text	Exhibit
	1-1 through 1-6	4, page 1
	2-1, 2-2	5, page 1
	2-3, 2-4	6, page 1
	3-1 through 3-4	
	3-5 through 3-8	
	4-1, 4-2	
	4-21, 4-22	
	4-25 through 4-40	
	4-43, 4-44	

5-16-24 Page 2

#### 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 the 2023 and 2024 program years, reimbursement for 75 percent of a certified---\* operation's allowable certification costs will be provided by OCCSP, up to a maximum of \$750 for each of the following categories, or "scopes":

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

For the 2020 through 2022 program years, the authorized reimbursement amount is 50 percent of a certified operation's allowable certification costs, up to a maximum of \$500 for each scope.

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

#### 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.

#### **D** Authority

OCCSP provisions for FY's 2019 through 2023 were announced through 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 (85 FR 48149). OCCSP provisions for FY 2024 were announced through Notice of Funds Availability 89 FR 39579 published on May 9, 2024:--\*

- 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) and the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), 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.

#### 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	1-CM.
substances, deceased individuals, or closed estates	
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.

### **H** Basic Rule of Fractions

Fractions will be rounded after completing the entire computation. In rounding, fractional digits of 49 or less will be dropped and digits of 50 or more will be increased by 1 as follows.

Required Decimal	Computation	Result
Whole Numbers	6.49 or less	6
	6.50 or more	7

# I Important Dates

Program	COVERG	
Year	COVERS expenses paid from	AND the application period is
2017	October 1, 2016, through	March 20, 2017, through Oct. 31, 2017
	September 30, 2017	(late-filed applications will be accepted if
		funds are available).
2018	October 1, 2017, through	October 1, 2017, through Oct. 31, 2018
	September 30, 2018	(late-filed applications will be accepted if
	-	funds are available).
2019	October 1, 2018, through	October 1, 2018, through October 31, 2019
	September 30, 2019	(late-filed applications will be accepted if
	-	funds are available).
2020	October 1, 2019, through	October 1, 2019, through October 31, 2020
	September 30, 2020	(late-filed applications will be accepted if
	-	funds are available).
2021	October 1, 2020, through	October 1, 2020, through October 31, 2021
	September 30, 2021	(late-filed applications will be accepted if
		funds are available).
2022	October 1, 2021, through	October 1, 2021, through October 31, 2022
	September 30, 2022	(late-filed applications will be accepted if
	-	funds are available).
2023	October 1, 2022, through	October 1, 2022, through November 1, 2023
	September 30, 2023	(late-filed applications will be accepted if
		funds are available).
*2024	October 1, 2023, through	October 1, 2023, through October 31, 2024
	September 30, 2024	(late-filed applications will be accepted if
	_	funds are available)*

### 2 Responsibilities

## **A DAFP Responsibilities**

DAFP will:

- develop all OCCSP policies
- ensure that OCCSP is administered according to law and the provisions announced in the NOFA
- provide guidance and instruction on AMA and national OCCSP funding availability
- establish grant agreements with State agencies
- approve reimbursements to State agencies
- ensure that applicants do not receive OCCSP benefits from both a State agency and FSA for the same program year and scope.

#### **B** STC Responsibilities

STC's will:

- direct the administration of OCCSP
- ensure that State and County Offices follow OCCSP provisions
- thoroughly document all actions taken in STC meeting minutes
- •\*--review and take action on all CCC-884's executed by State Office employees, COC members, CED's, County Office employees, and their spouses

**Note:** For employees or COC members other than SED, STC has authority to delegate authority to a STC representative to review and approve.--\*

- provide DD with a copy of STC or DAFP determinations for appeal or misaction and misinformation cases
- handle appeals according to 1-APP and 7 CFR Parts 11 and 780
- require reviews be conducted by STC representative according to subparagraph 33 C to ensure that OCCSP is being implemented according to OCCSP provisions

**Note:** STC's may establish additional reviews to ensure that OCCSP is administered according to OCCSP provisions.

• handle suspected fraud cases according to applicable procedure.

#### 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 paid certification expenses during the applicable program year but did not receive their certification until after the application deadline, their application can be approved as a late-filed request if that request is submitted by December 31 of the following applicable program year.--\*

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 and subsequent program years, 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, 2023, submits a complete OCCSP application on June 1, 2023, and surrenders its organic certificate on June 15, 2023. The operation is eligible for 2023 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:** County Office shall document their findings in the COC minutes.

**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 (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%20 Instruction.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
- •\*--October 1, 2023, through September 30, 2024, for the 2024 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, 2022, and receives a bill from the certifier on September 15, 2022, indicating the amount due for certification services. The producer pays all expenses related to their certification on October 5, 2022. The producer may apply for cost share assistance for these expenses for the 2023 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.

## **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 November 1, 2023, or until funds are no longer available for--\* the 2023 program year
- •\*--October 1, 2023, through October 31, 2024, or until funds are no longer available for the 2024 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.

## **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 \$750 per scope for program year 2023.--\*

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.

#### C Submitting Applications

Applicants may submit OCCSP application packages to any County Office:

- in person
- by mail
- e-mail or FAX.

**Notes:** Questions from producers and handlers who have submitted an application will be referred to the office that is processing that application.

If a County Office receives an OCCSP application from an applicant that is **not** located in their county, the office receiving the application must send the application to the County Office where the operation is located to be processed.

#### **D** Incomplete Applications

CCC representative **cannot** act on CCC-884 until the applicant has completed the application and signed Part C.

**Note:** Incomplete applications or applications that are **not** signed do **not** require action by FSA. Applicants will receive decisions by FSA **only** on complete applications.

County Offices will notify an applicant that their application package is incomplete and give \*--the applicant 30 days from the date of notification to submit any additional required--\* documentation before disapproving CCC-884. An example notification letter is provided in Exhibit 5.

#### **E** Late-Filed Applications

County Offices will accept late-filed application packages after the application deadlines in subparagraph A if the application is filed by December 31 of the following program year.

CCC-884's, and any required information and documentation for CCC-884, submitted after December 31 of the following program year will be received by the County Office and placed in the producer's file.

COC will immediately notify the producer in writing that:

- the application was not filed timely
- assistance cannot be paid.

**Note:** The letter advising any producer that CCC-884 **cannot** be paid **must** include the basis for the determination and a right of reconsideration according to 1-APP. The right of reconsideration is limited to providing facts and evidence that CCC-884 was not timely filed.

#### **E** Late-Filed Applications (Continued)

\*--Examples: An applicant paid certification fees on September 29, 2023, during the 2023 program year, and filed CCC-884 on December 31, 2023. Although the application is filed after the 2023 program year deadline, SED will act on the late-filed application.

An applicant paid certification fees on September 29, 2023, during the 2023 program year, and filed CCC-884 on January 15, 2024. The application is filed after the 2023 program year deadline, and after the December 31, 2023,--\* late-filed-deadline, and cannot be processed.

Applicants who timely paid all certification expenses during the applicable program year but did not receive their certification until after the application deadline can be approved as a late-filed request if that request is submitted by December 31 of the following applicable program year.

Funding is available on a **first come**, **first served basis**. Applications approved after all available funding has been obligated will **not** be paid.

#### F Amending or Withdrawing CCC-884

Applications may be amended or withdrawn at any time until the end of the application period; however, copies of all submitted CCC-884's **must** be kept in the file.

Applicants may, at any time during the application period, amend CCC-884 to:

- add additional scopes and/or certification costs
- remove scopes and/or certification costs from OCCSP.

**Note:** Applicants must repay all OCCSP payments received for any scope or certification costs if CCC-884 is withdrawn or amended to remove a scope or certification costs.

# 31 CCC-884 (Continued)

# A Completing CCC-884 (Continued)

Item	Instructions
11	Check the appropriate box(es) for the scope(s) of activity and enter the associated costs for each scope selected.
	For costs that apply to more than 1 scope, divide the amount by the number of all scopes for which the cost was incurred.
	Note: 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*
12	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.
	<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.
	Part C – Applicant Certification Statement
13	Applicant signature.
14	Enter applicant's representative title/relationship to the entity or individual.
	<b>Note:</b> If applicant is not signing in a representative capacity, this field should be left blank.
15	Enter the date the form is signed.
	Part D – CCC Representative Approval or Disapproval
16	CCC representative signature.
17	Check action taken on the application (approve or disapprove).
18	Date the CCC representative took action on the application.

# 31 CCC-884 (Continued)

# B Example of CCC-884

Following is an example of CCC-884.

			Form Approved - OMB No. 0560-028 Expiration Date: 03/31/202
CCC-884 05-13-24)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1	. County FSA Name and Address (Including Zip Code
	ORGANIC CERTIFICATION COST SHARE PROGRAM (OCCSP)	•	
	(For 2020 and Subsequent Years)	)	
NSTRUCTIONS: Return t	his completed form to your County FSA Office.		
form is the Nationa the Organic Foods (Pub. L. 115-334), receive benefits un and nongovernme for USDAFSA-2, f is unable to partici Public Burden SI collection of inforr	nment: The following statement is made in accordance with the P in Organic Program (C. F.R. Part 205), the Commodity Credible or P roduction Act of 1990 (7 U.S.C. 6501 et seq as amended), it and the Further Continuing Appropriations and Other Extensions and eather Extensions and eather Extensions. The information of the P roduction of the Extensions are also as the P roduction of the Extensions and entire the Authorized access to the information pate in and receive benefits under the Organic Certification Cost S ratement (Paperwork Reduction Act): According to the Paperwalton unless it displays a valid OMB control number. The valid detel to average 60 minutes per response, including the time for re	oration Charter Act (15 U.S.C. 714 et seq.), the Fede he Farm Security and Rural Investment Act of 2002 Act, 2024 (Pub. L. 118-22). The information will be not be active to this form may be disclosed to other y statute or regulation and/or as described in applica in is voluntary. However, failure to furnish the reques share Program. ork Reduction Act of 1995 an agency may not conc OMB control number for this information collection	eral Crop Insurance Act (T U.S. C. 1501 et seq as amended, (Pub. L. 107-171), the Agriculture Improvement Act of 201- used to determine the applicant's ability to participate in an Federal, State, Local government agencies, Tribal agencies able Routine Uses identified in the System of Records Notice ted information will result in a determination that the applicar duct or sponsor, and a person is not required to respond to, is 0560-0289. The time required to complete this informati
	collection of information. The provisions of criminal and civil fraud,		
. Applicant Name	Applicant's Address (Including Zip Code)	4. Have you recently participated in FSA programs? YES NO (If "NO", please fill out an AD-2047)	5. Applicant's Phone Number (Including Area code
		and SF-3881)	6. Email Address
PART B - CERTIFIC	ATION INFORMATION		
7. Name of Organic Certifi		Certification Number/Certifier Client ID	Current Date of Certification/Certificate Issued
Enter the program year each program year.	ar (OCCSP program years are based on the fiscal year in	which expenses are paid). See instructions f	or the specific dates covered by
1. Scope of Activity (Chec	ck all that apply) and Associated Costs:		
Crops \$  Wild Crops \$	Livestock \$ Processing/Handling \$	State Organic	Program Fees (CA Only) \$
	ost share funds with your State for the program year in Iten neligible for cost share benefits with FSA.)	n 10 and for the Scopes selected in Item 11?	YES NO
stitutions participating in or ac ability, age, marital status, fa nded by USDA (not all bases arsons with disabilities who re	nt: In accordance with Federal civil rights law and U.S. Departmen iministering USDA programs are prohibited from discriminating ba mily/parental status, income derived from a public assistance pro apply to all programs). Remedies and complaint filing deadlines va equire alternative means of communication for program informatic (2) 720-2600 (voice and TTY) or contact USDA through the Feder	ised on race, color, national origin, religion, sex, gen gram, political beliefs, or reprisal or retaliation for pr ary by program or incident. on (e.g., Braille, large print, audiotape, American Sig	oder identity (including gender expression), sexual orientatic ior civil rights activity, in any program or activity conducted gn Language, etc.) should contact the responsible Agency
file a program discrimination te a letter addressed to USD	complaint, complete the USDA Program Discrimination Complain A and provide in the letter all of the information requested in the for A Agriculture Office of the Assistant Secretary for Civil Rights 1400	orm. To request a copy of the complaint form, call (8	66) 632-9992. Submit your completed form or letter to USD.

--3

# 31 CCC-884 (Continued)

# **B** Example of CCC-884 (Continued)

\*\_\_

Еас црр		SA county office to be eligible to receive program benefits. A certification expenses paid by the applicant, and forms AD-20-		
·	- 11	o determine eligibility and to verify and support all information	n provided, including applicant's org	anic certificate;
	Understands the application may be disapproved if th	e applicant fails to provide a complete application or any infor	mation requested by FSA;	
	Agrees to comply with, and acknowledges the applica and all applicable rules and regulations;	ant is subject to, all provisions of OCCSP as published in the N	Notice of Funds Availability publishe	d in the Federal Register,
	Understands that OCCSP payments are provided on a will not be paid;	first come, first served basis until all available funds are oblig	gated, and applications received after	all funds are obligated
	Acknowledges that if determined eligible and funding allowable costs indicated by the documentation subm	g is available, the applicant's certification cost may be adjusted itted to support the application.	I from the amount entered in Item 11	to reflect eligible
	I certify that:			
	The above information provided by me or my legal re	presentative is true and correct.		
		presentative is true and correct.  formation may result in the invalidation of this application, a control of the control of t	determination of noncompliance or in	neligibility, or other
	I understand that failure to provide true and correct in remedies or sanctions.	formation may result in the invalidation of this application, a of	•	
3.	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits	formation may result in the invalidation of this application, a of	state Agency and FSA. If it is determ	
	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits duplicate benefits, I have no right to retain those payn Applicant's Signature (By)	formation may result in the invalidation of this application, a of the same scope of activity and program year from both a Snents.  14. Title/Relationship of the Individual Signing in the	state Agency and FSA. If it is determ	nined that I have received
Δ	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits duplicate benefits, I have no right to retain those payn Applicant's Signature (By)	formation may result in the invalidation of this application, a of the same scope of activity and program year from both a Snents.  14. Title/Relationship of the Individual Signing in the LOR DISAPPROVAL	State Agency and FSA. If it is determed	15. Date (MM/DD/YYY
Δ	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits duplicate benefits, I have no right to retain those payn Applicant's Signature (By)	formation may result in the invalidation of this application, a of the same scope of activity and program year from both a Snents.  14. Title/Relationship of the Individual Signing in the	state Agency and FSA. If it is determ	nined that I have received
١	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits duplicate benefits, I have no right to retain those payn Applicant's Signature (By)	formation may result in the invalidation of this application, a of the same scope of activity and program year from both a Snents.  14. Title/Relationship of the Individual Signing in the LOR DISAPPROVAL	Representative Capacity  17. Action:	15. Date (MM/DD/YYY
Δ	I understand that failure to provide true and correct in remedies or sanctions.  I understand that I may not receive duplicate benefits duplicate benefits, I have no right to retain those payn Applicant's Signature (By)	formation may result in the invalidation of this application, a of the same scope of activity and program year from both a Snents.  14. Title/Relationship of the Individual Signing in the LOR DISAPPROVAL	Representative Capacity  17. Action:	15. Date (MM/DD/YYY

## 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 through 2022 program years:
  - the total allowable certification costs times 50 percent
  - \$500 per scope
- •\*--for program year 2023 and 2024:--\*
  - the total allowable certification costs times 75 percent
  - \$750 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.

#### 40 Payment Amount (Continued)

#### **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 through 2022 program years
- •\*--\$750 per scope for the 2023 and 2024 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.

**Note:** If records indicate an applicant has received a duplicate payment for the same scope from FSA and their applicable State agency, the applicant must be notified in writing that any duplicate payment must be returned to FSA. Exhibit 7 provides an example letter that may be used as guidance and modified to fit individual situations.

# 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.

#### 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
	https://usdagcc.sharepoint.com/sites/FPAC-FSA-
	OCCSP/SitePages/Home.aspx.
2	Click "Payment Calculator".
3	Click the applicable program year.
	<b>Example:</b> 2024 Program Year.
4	Open the calculator.
	<b>Example:</b> "2024 884a occsp payment calculator revised 01222024".
5	Select "File", then "Save As", and "Download a Copy". A "Downloads" dialog
	box will be displayed.
6	CLICK "Open" in the "File Download" dialog box.
7	At the top of the screen, between the toolbar and the window, the following
	security warning will be displayed.
	! Security Warning Macros have been disabled. Enable Content
	CLICK "Enable Content".  Note: This step needs to be performed every time the worksheet is opened.  Warning: Do not attempt to permanently enable macros because this will make
	the calculator unusable and could potentially create a security breach.
8	Save the document by doing the following:
	<ul> <li>CLICK "File", scroll down and CLICK "Save As"</li> <li>CLICK "Excel Macro Enabled Workbook"</li> <li>navigate to user's desktop</li> <li>CLICK "Save".</li> </ul>
	By following these steps, the document will be placed on the user's desktop with an icon. The document will be named "CCC-884A.xlsm".

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

# **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 the 2024 program year.--\*

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 75 percent.
	<b>Note:</b> This will be automatically calculated by the Excel payment calculator worksheet.
10	The maximum payment amount of \$750 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 (05-16-22)	U.s		OF AGRICULTURE by Credit Corporation					am Year (from 384, Item 10)
				Alach	Alachua FL		2024 4. Applicant's State	
ORGANIC CERTI	FICATION COS			3. Applicant Name (from CCC-884, Item 2)		em 2)		
	IBSEQUENT P				ert the Alligator	r		FL
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 75% (Item 8 x 75%)	10. Maximum Payment Amount	11. Calculated ( Payment: Le 75% of Allo Costs or Ma Payment A (Item 9 or It	esser of owable aximum mount	12. Program Code
Crops	\$750.00		\$750.00	\$562.50	\$750.00	\$562.5	50	24NATCROP
Wild Crops					\$750.00			
Livestock	\$1,300.00		\$1,300.00	\$975.00	\$750.00	\$750.0	00	24NATLIVE
Processing/Handling					\$750.00			
State Organic Program Fees (CA only)					\$750.00			
13A. Signature of Preparer			13B. Title of Prepare	r		13C. Date Sig	ned (MM-i	DD-YYYY)
14A. Signature of 2 <sup>nd</sup> Party Revie	wer		14B. Title of 2 <sup>nd</sup> Part	/ Reviewer		14C. Date Sig	ned (MM-i	DD-YYYY)

**47-49 (Reserved)** 

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# **C** Example of Determining OCCSP Payment Information

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

\*\_\_

CCC-884A U.S. DEPARTMENT OF Commodity C			OF AGRICULTURE by Credit Corporation	1a. County FSA Name				am Year (from 384, Item 10)
			Alachu		hua FL		2024	
ORGANIC CERTI	3. Applicant Name (from CCC-884, Ite.		em 2) 4. Applio		cant's State			
MANUAL PAYMENT WORKSHEET FOR 2020 AND SUBSEQUENT PROGRAM YEARS				Albert the Alligator			FL	
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 75% (Item 8 x 75%)	10. Maximum Payment Amount	11. Calculated ( Payment: Le 75% of Alle Costs or Ma Payment A (Item 9 or It	esser of owable aximum amount	12. Program Code
Crops	\$750.00		\$750.00	\$562.50	\$750.00	\$562.5	50	24NATCROP
Wild Crops					\$750.00			
Livestock	\$1,300.00		\$1,300.00	\$975.00	\$750.00	\$750.0	00	24NATLIVE
Processing/Handling					\$750.00			
State Organic Program Fees (CA only)					\$750.00			
13A. Signature of Preparer			13B. Title of Prepare	r		13C. Date Sig	ned (MM-L	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:  • select the State and county  •*ENTER program code – 24NATCROP*  • CLICK "SCIMS", enter TIN and select TIN type  • CLICK "Next"  • CLICK "Select".	The SCIMS Customer Search page will be displayed.

# C Example of Determining OCCSP Payment Information (Continued)

Step	Action	Result
4	Select the applicable producer on the SCIMS Customer Search	The CREATE Payment –
	page.	Payment Entry Screen
		will be displayed.
5	On the Create Payment – Payment Entry Screen ENTER the	The Create Payment –
	following data:	Payment Detail Screen
		will be displayed.
	• payment amount – <b>\$562.50</b>	
	• confirm amount – \$562.50	
	• issue date - enter date payment is to be issued	
	• prompt payment due date – <b>enter date</b>	
	• application number – ENTER "0001"	
	• CLICK "Add".	
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:  • select the State and county  •*ENTER program code – 24NATFEEHAND*  • CLICK "SCIMS", enter TIN and select TIN type  • CLICK "Next"  • CLICK "Select".	The SCIMS Customer Search page will be displayed.

#### Letter Notifying Applicant of Disapproval

The following is an example of a letter to an applicant notifying them that their application has been disapproved and providing appeal rights. An MS Word version of this letter is available as a \*--template at https://usdagcc.sharepoint.com/sites/FPAC-FSA-OCCSP/SitePages/Home.aspx.--\*

[Date]

Mr. Organic Farmer 1400 Independence Avenue Anytown, USA 12345-9876

Dear Mr. Farmer:

This letter is in response to your Organic Certification Cost Share Program (OCCSP) application for the [insert year] program year.

FSA has processed your application; however, we have determined you are not eligible for a payment because [insert description of basis for disapproval].

If you believe we have not properly reviewed your application, you may appeal this determination to the county committee by filing a written request no later than 30 days after you receive this notice in accordance with the FSA appeal procedures found at 7 CFR Part 780. If you appeal to the county committee, you have the right to an informal hearing which you or your representative may attend either personally or by telephone. If you appeal this determination to the county committee, you may later appeal any adverse determination of the county committee to the FSA State committee or the National Appeals Division. To appeal, write to the county committee at the following address and explain why you believe this determination is erroneous.

Somewhere County FSA Committee 55 Main St. Somewhereville, USA 12345-6789

If you do not timely file an appeal of this determination, this shall be the final administrative determination with respect to this matter in accordance with regulations at 7 CFR 780.

Sincerely,

Sharina Farmer County Executive Director

#### **Letter Notifying Applicant of Incomplete Application Package**

The following is an example of a letter to an applicant notifying them that their application package was incomplete and additional information is needed to process their application. An MS Word \*--version of this letter is available as a template at <a href="https://usdagcc.sharepoint.com/sites/FPAC-FSA-OCCSP/SitePages/Home.aspx.--\*">https://usdagcc.sharepoint.com/sites/FPAC-FSA-OCCSP/SitePages/Home.aspx.--\*</a>

[Date]

Mr. Organic Farmer 1400 Independence Avenue Anytown, USA 12345-9876

Dear Mr. Farmer:

This letter is in response to your application for the Organic Certification Cost Share Program (OCCSP) for the [insert year] program year.

FSA has received form CCC-884; however, we have determined that your application package is incomplete. Please submit the following information and/or documentation to FSA so that we may process your application:

• [List additional documentation needed]

Please submit the requested information by [insert program year deadline]. If the requested information is not received by [insert program year deadline], your application will be disapproved. Please contact us at your earliest convenience if you have any questions.

Sincerely,

Sharina Farmer County Executive Director

#### **Letter Notifying Applicant Original Documents Are Being Returned**

The following is an example of a letter to an applicant notifying them that their original documents are being returned in the mail. This letter is available in MS Word and can be found at \*--https://usdagcc.sharepoint.com/sites/FPAC-FSA-OCCSP/SitePages/Home.aspx.--\*

[Date] Mr. Organic Farmer 1400 Independence Avenue Anytown, USA 12345-9876 Dear Mr. Farmer: This letter is in response to your Organic Certification Cost Share Program (OCCSP) application for the [insert year] program year. We have received your application and will begin the review process. We have made copies of the enclosed documentation for our records and are returning your original documents at this time. Sincerely, Sharina Farmer County Executive Director