

CCOF Certification Financial Assistance Application

Fill out this form to apply for financial assistance for CCOF certification fees.

FEE WAIVERS ARE AVAILABLE FOR:

- Beginning Producers in the United States and Mexico
- Schools/Nonprofits
- Hardship – Declared Emergency
- Veterans
- Previously Incarcerated Individuals

CLIENT INFORMATION:

Operation Name _____ Client Code _____

Owner Name _____

First _____ Last _____

Mailing Address

Street Address _____ Unit # _____ Town/City _____ State _____ Zip Code _____

Street Address

Street Address _____ Unit # _____ Town/City _____ State _____ Zip Code _____

Personal Email _____

New Applicant:

- ☐ Yes
- ☐ No

Is your operation a nonprofit or school that offers education on organic production practices? ☐ Yes ☐ No

If yes, do you sell organic products for a profit? ☐ Yes ☐ No

QUESTIONS:

1. For new applicants: for products seeking organic certification, what is the estimated value of products produced over the next twelve months(in U.S. dollars)?

2. For new applicants: How many years has the operation seeking certification been in business?

3. For new applicants: Has your operation been certified in the last two years?

☐ YES ☐ NO

4. For current CCOF members: Is this need related to a State or Federally Declared Emergency?

☐ YES ☐ NO

If yes, what declared emergency were you impacted by (e.g., wildfire, flood)? Describe your hardship in as much detail as possible. What was the hardship? Who/what did the hardship affect? When did it occur? In what county?

5. Are you a veteran of the armed forces?

☐ YES

☐ NO

6. Have you ever been convicted of a felony and served time in prison?

☐ YES

☐ NO

FINANCIAL DOCUMENTATION

Submission of financial documentation is not required but helps us understand your financial need. Documentation could include any of the following:

- Your federal income tax returns, W-2s, and other records of money earned
- Bank statements and records of investments (if any exist)
- Records of untaxed income (if any exists)
- Any information regarding ownership of small businesses and/or other assets

ACKNOWLEDGMENT AND RELEASE

I hereby certify that all information submitted on this application is true and correct to the best of my knowledge. I understand that all information contained here is subject to verification and that false information will lead to disqualification. I understand that CCOF Certification Services, LLC will keep all financial and demographic information confidential.

Authorized Signature _____

Date _____

Please email this completed form to inbox@ccof.org or mail to CCOF, 877 Cedar Street, Suite 248, Santa Cruz, CA 95060



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California Certified Organic Farmers®
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T: (831) 423-2263 | F: (831) 423-4528 | ccof@ccof.org

(831) 423-2263



www.ccof.org