

# CCOF Certification Financial Assistance Application

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

## FEE WAIVERS ARE AVAILABLE FOR:

- Underserved Producers in the United States
- Limited Resource Operations in Mexico
- Hardship – Declared Emergency
- Previously Incarcerated Individuals
- 100% Female or Nonbinary Owned Operations
- Schools/Nonprofits
- Veterans

## CLIENT INFORMATION:

OPERATION NAME:

OWNER NAME:

CLIENT CODE:

New Applicant:

☐ Yes

☐ No

First

Last

Mailing Address

Street Address

Unit #

Town/City

State

Zip Code

Street Address

Street Address

Unit #

Town/City

State

Zip Code

Personal Email

What most closely describes your gender?

What is your racial or ethnic heritage?

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:

If the operation is not 100% wholly owned, provide the following information about all other owners:

Owner Name(s)	Racial/Ethnic Heritage	Gender Description	% Owned

1. What was your gross annual income from organic production last year (in U.S. dollars)?

2. Describe your hardship with as much detail as possible:

*Please include: What was the hardship? Who/what did this hardship affect? When did it occur?*

3. 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)? Please list below*

4. Are you a veteran of the armed forces?

☐ YES

☐ NO

5. 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](mailto:inbox@ccof.org) or mail to CCOF, 2155 Delaware Avenue, Suite 150, Santa Cruz, CA 95060



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