

Instructions For FSA-883

ORGANIC and TRANSITIONAL EDUCATION and CERTIFICATION PROGRAM (OTECP)

This form will be used for Applicants to apply for OTECP.

Submit the original of the completed form in hard copy or facsimile to the appropriate USDA servicing office.

Applicants who have established electronic access credentials with USDA may electronically transmit this form to the USDA servicing office, provided that (1) the Applicant submitting the form is the only person required to sign the transaction, or (2) the Applicant has an approved Power of Attorney (Form FSA-211) on file with USDA to sign for other Applicant's for the program, and type of transaction, represented by this form.

Features for transmitting the form electronically are available to those Applicants with access credentials only. If you would like to establish online access credentials with USDA, follow the instructions provided at the [USDA eForms web site](#).

A Farm Service Agency (FSA) representative will complete Items 1, 2, 4, 12C, 12E, and 14A through 14D.

Applicants must complete Items 3, 5 through 12B, 12D, and 13A through 13C.

| Field Name / Item No. | Instruction |
|------------------------------|---|
| 1 | Enter the Applicant's Administrative State and FSA Code. NOTE: This item will be completed by the FSA County Office. |
| 2 | Enter the Applicant's Administrative County and FSA Code. NOTE: This item will be completed by the FSA County Office. |
| 3 | Enter the Program Year for which the Applicant is applying for OTECP. The Program Year is based on the fiscal year in which expenses are <u>paid</u> . <ul style="list-style-type: none">• Program Year 2020: October 1, 2019, through September 30, 2020• Program Year 2021: October 1, 2020, through September 30, 2021• Program Year 2022: October 1, 2021, through September 30, 2022 Note: Separate FSA-883's must be completed for each program year. |

| Field Name / Item No. | Instruction |
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| 4 | Enter application number. Note: This number is assigned by the automated system. |

PART A – APPLICANT INFORMATION

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| 5 | Enter the Applicant’s Customer Name. Note: The Applicant’s Customer name is the FSA Customer Name as entered in FSA’s Business Partner system and is the name of the certified operation or transitional operation applying for OTECP. For most certified operations, it will be the same as the certified operation name in item 10. |
| 6 | Enter the Applicant’s address, including the ZIP code. |
| 7 | Select “YES” or “NO” to indicate whether the Applicant has participated in FSA programs. If “NO” is selected, the Applicant must also submit a completed AD-2047 and SF-3881 to receive payment. |
| 8 | Enter the Applicant’s telephone number, including the area code. |
| 9 | Enter the Applicant’s E-mail address. |

PART B – CERTIFICATION INFORMATION & EXPENSES

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| 10 | Enter the Certified Operation Name exactly as it appears on the Applicant’s Organic Certificate. Note: This item is required only for certified operations. |
| 11 | Enter the Certification Number/Certifier Client ID. Note: This item is required only for certified operations. |

| Field Name / Item No. | Instruction |
|-----------------------|--|
| 12A | <p>Check the appropriate box(es) for the category(s) of expenses.</p> <p>The <u>crop, wild crop, livestock, and processing/handling categories</u> include eligible expenses for USDA organic certification for those categories.</p> <p>The <u>State Organic Program fee category</u> is only available for certified Applicants in California. 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> <p>The <u>transitional category</u> includes fees charged by a certifying agent or consultant for pre-certification inspections and development of an organic system plan.</p> <p>The <u>soil testing category</u> includes the cost of soil tests required to document micronutrient deficiency.</p> <p>The <u>education category</u> includes registration fees for events, such as conferences, training programs, or workshops, that provide educational content addressing topics related to organic production and handling, such as farming and production methods, National Organic Program requirements, and marketing. It includes both in-person and remote events.</p> |
| 12B | <p>Enter the associated expenses for each category selected in Item 12A.</p> <p>For costs that apply to more than 1 category, divide the amount by the number of all categories for which the cost was incurred.</p> |
| 12C | <p>COC Use Only - Enter the sum of any ineligible expenses that were included in Item 12B, as determined by the COC according to Handbook 1-PDAP, subparagraph 248 C.</p> |
| 12D | <p>Enter all other cost share reimbursement received for the expenses entered in item 12B, <u>excluding</u> any payments received through the Organic Certification Cost Share Program (OCCSP) through either an FSA county office or a participating State Department of Agriculture.</p> |
| 12E | <p>COC Use Only - Enter the sum of any ineligible other reimbursement expenses received through the Organic Certification Cost Share Program (OCCSP) through either an FSA county office or a participating State Department of Agriculture that were included in Item 12D, as determined by the COC according to Handbook 1-PDAP, subparagraph 248 C.</p> |

| Field Name / Item No. | Instruction |
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PART C – APPLICANT CERTIFICATION STATEMENT

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| 13A | <p>Applicant signature.</p> <p>If you are mailing or faxing this form, print the form and manually enter your signature. If this form is approved for electronic transmission and you have established credentials with USDA to submit forms electronically, use the buttons provided on the form for transmitting the form to the USDA servicing office.</p> |
| 13B | <p>Enter Applicant’s representative title/relationship to the entity or individual.</p> <p>Note: If Applicant is not signing in a representative capacity, this field should be left blank.</p> |
| 13C | <p>Enter the date the form is signed.</p> |

PART D – COC REPRESENTATIVE APPROVAL OR DISAPPROVAL

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| 14A | <p>COC representative signature.</p> |
| 14B | <p>Enter the title of Representative or Designee in Item 14A.</p> |
| 14C | <p>Date the COC representative took action on the application.</p> |
| 14D | <p>Check action taken on the application (Approve or Disapprove).</p> |