

## Instructions For CCC-884

### **ORGANIC CERTIFICATION COST SHARE PROGRAM (OCCSP)**

Producers and handlers use this form to apply for OCCSP payments for the 2025 and subsequent program years.

Producers and handlers may submit the completed form in person or by mail, email, or facsimile to the appropriate USDA servicing office. Customers who have established electronic access credentials with USDA may electronically transmit this form to their USDA servicing office. 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; Item 4; Item 14B; and Part D, Items 16A through 16D.***

**Applicants must complete Item 3; Part A, Items 5 through 9; Part B, Items 10 through 14 A; and Part C, Items 15A through 15C.**

Item	Instruction
1. Admin State Name/Code	<b><u>For County Office Use Only:</u></b>  Enter the Applicant's Administrative State Name and Code.
2. Admin State Code	<b><u>For County Office Use Only:</u></b>  Enter the Applicant's Administrative County Name and Code.
3. Program Year	Enter the Program Year for which the Applicant is applying for OCCSP.  The Program Year is based on the fiscal year in which expenses are paid: <ul style="list-style-type: none"><li>• Program Year 2025: October 1, 2024, through September 30, 2025</li><li>• Program Year 2026: October 1, 2025, through September 30, 2026</li><li>• Program Year 2027: October 1, 2026, through September 30, 2027</li><li>• Program Year 2028: October 1, 2027, through September 30, 2028</li><li>• Program Year 2029: October 1, 2028, through September 30, 2029</li><li>• Program Year 2030: October 1, 2029, through September 30, 2030</li><li>• Program Year 2031: October 1, 2030, through September 30, 2031</li></ul> <b>Note:</b> A separate CCC-884 must be completed for each program year.
4. Application No.	<b><u>For County Office Use Only:</u></b>  Enter the Application Number.

Item	Instruction
	<b>Note:</b> This number is assigned by the automated system.

**PART A – APPLICANT INFORMATION**

5. Applicant's Name	Enter the Applicant's Customer Name.  <b>Note:</b> The Applicant's Customer name is the FSA Customer Name as entered in FSA's Business Partner system and must match the person or entity listed on the applicant's organic certificate.
6A. Applicant's Address (Line 1)	Enter the Applicant's Address (Line 1).
6B. Applicant's Address (Line 2)	Enter the Applicant's Address (Line 2), if applicable.
6C. Applicant's City	Enter the Applicant's City.
6D. Applicant's State	Enter the Applicant's State.
6E. Applicant's Zip Code	Enter the Applicant's Zip Code.
7A. Enter the Applicant's Primary Phone Number	Enter the Applicant's Primary Phone Number (including area code).  Check applicable box for "Home" or "Cell".
7B. Enter the Applicant's Alternative Phone Number (if applicable)	Enter the Applicant's Alternative Phone Number (including area code).  Check applicable box for "Home" or "Cell".
8. Applicant's Email Address	Enter the Applicant's Email Address.

Item	Instruction
9. Have you participated in FSA programs?	<p>Select “<b>YES</b>” or “<b>NO</b>” to indicate whether the Applicant has participated in FSA programs.</p> <p>If “<b>NO</b>” is selected, the Applicant must submit the following forms to receive payment if not already on file:</p> <ul style="list-style-type: none"> <li>• AD-2047, Customer Data Worksheet</li> <li>• SF-3881, ACH Vendor/Miscellaneous Payment Enrollment Form*</li> </ul> <p>*Applicants who are unable to receive payment through direct deposit are still eligible to participate in OCCSP. Those applicants should contact their local FSA county office for further information.</p>

**PART B – CERTIFICATION INFORMATION AND EXPENSES**

10. Name of Organic Certifier	Enter the name of the certifier that issued the organic certification.
11. Organic Operation ID	Enter the Applicant’s 10-digit organic operation identification number.
12. Current Date of Certification	Enter the current date of certification or date the certificate was issued.
13. Have You Applied for Cost Share...?	<p>Check “<b>YES</b>” or “<b>NO</b>” to indicate whether you have applied for cost share assistance through your State Department of Agriculture or other State agency for the program year in Item 3 and scopes in Item 14.</p> <p><b>Note:</b> You cannot receive duplicate OCCSP payments for the same scope in the same program year through both FSA and a State agency.</p>
14. Scope of Expenses	<p><b><u>SCOPE EXPLANATION – NO ACTION NECESSARY</u></b></p> <p>The crop, wild crop, livestock, and processing/handling scopes include eligible expenses for USDA organic certification for those scopes.</p> <p>The State Organic Program fee category 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>

Item	Instruction
14A. Eligible Expenses	<p>Enter the eligible expenses for each scope selected in Item 14A.</p> <p>For expenses that apply to more than 1 scope, divide the amount by the number of all scopes for which the expense was incurred.</p> <p>Eligible expenses include <u>only</u> the following:</p> <ul style="list-style-type: none"> <li>• Application fees;</li> <li>• Inspection fees, including travel costs and per diem for organic inspectors;</li> <li>• USDA organic certification costs, including fees necessary to access international markets with which USDA’s Agricultural Marketing Service has equivalency agreements or arrangements;</li> <li>• User fees or sale assessments;</li> <li>• Postage; and</li> <li>• State Organic Program fees (California only).</li> </ul> <p>Examples of ineligible expenses include the following:</p> <ul style="list-style-type: none"> <li>• Inspections due to violations of USDA organic regulations or violations of State Organic Program requirements;</li> <li>• Costs related to non-USDA organic certifications, transitional certification, or any other labeling program;</li> <li>• Materials, supplies, and equipment;</li> <li>• Late fees;</li> <li>• Membership fees; and</li> <li>• Consultant fees.</li> </ul>
14B. COC Adjustment of Expenses	<p><b><u>For COC Use Only:</u></b></p> <p>Enter the sum of any ineligible expenses that were included in item 5A, as determined by COC according to Handbook 1-OCCSP, subparagraph 23 B.</p>

**PART C – APPLICANT CERTIFICATION STATEMENT**

15A. Applicant Signature	Signature of Applicant requesting an OCCSP payment.
15B. Title/Relationship of the Individual	<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>

Item	Instruction
15C. Date Signed	Enter the date the form is signed.

**PART D – COUNTY COMMITTEE (COC) DETERMINATION**

16A. COC or Designee Signature	<p><b><u>For COC Representative Use Only:</u></b></p> <p>COC or Designee Signature.</p>
16B. Title	<p><b><u>For COC Representative Use Only:</u></b></p> <p>Enter the Title of Representative or Designee.</p>
16C. Date Signed	<p><b><u>For COC Representative Use Only:</u></b></p> <p>Date the COC representative or Designee took action on the application.</p>
16D. Determination	<p><b><u>For COC Representative Use Only:</u></b></p> <p>Check action taken on the application (Approve or Disapprove).</p>