

ATTACHMENT 1

DESIGNATED POINT OF CONTACT
ORGANIZATION
STREET ADDRESS
CITY, STATE ZIP

DATE

Dear NAME:

Thank you for your letter of DATE requesting approval of a State Organic Program (SOP) for STATE. We have assigned your request number NUMBER. Please use this number in any communications to us regarding your request.

We will direct all requests for additional information or clarification to you. If this is not correct, please let us know.

Our goal is to provide you with a decision on your request no later than INSERT DATE 6 MONTHS FROM THE DATE WE RECEIVED THE REQUEST. The actual date may be later if additional information or changes to the proposed SOP are required.

Again, thank you for your request. If you have any questions, please e-mail Bob Pooler at bob.pooler@usda.gov or call him at 202-720-3252.

Sincerely,

RICHARD H. MATHEWS
Program Manager
National Organic Program

March 11, 2002