

EQUIPMENT PURCHASE ASSISTANCE PROGRAM APPLICATION

Application:

Producer/Entity Name			
Contact Name (if different)			
Address	City	State	Zip
Phone	Email		
H2Ohio Contract Name:			_
SWCD H2Ohio Contract is Administered	l Ву:		
The purpose of this program is to promotypes of equipment to implement substantage, or interseed cover crops into a	surface phosphorus	•	
This program will reimburse the H2Oh equipment for up to 5 years. Reimbursover 5 years and for up to \$500,000.00	ement under the pr	rogram shall n	· -
Eligible Equipment includes, but is not l	imited to:		
 Phosphorus Placement In season, Injection, or Cover Crop Interseedin 	Precision Manure A	pplication Equ	ipment
The applicant must have a current and the applicant must secure financing thr			• •
Once approved, the applicant must prove equipment, and provide an annual state for the previous year.			
Payment will be made in the first quarte funds for this purpose.	r of the following ca	lendar year th	rough an assigned SWCD holding
Financial/Lending Institution:			
Name of Lending Institution (who will h			
Name of Contact (loan officer)			
Address	City	_ State	Zip

Phone _____ Email _____





EQUIPMENT PURCHASE ASSISTANCE PROGRAM APPLICATION

Name of Supplier/Vendor		Date of Inte	nded Purchase	e
Address				
Phone	Email			
Name of Equipment				
General Description				
Total Loan Amount:		_		
Cost of Equipment:		Annual Intere	st Rate:	%
Estimated Acres the equipment will	be used on per	r year:		Acres
I understand that if my application components will nullify the Conproducer/entity. I understand that a equipment loan payments are curre applicant and the lender. Incentive 126.07 of the Ohio Revised Code.	n is approved stract and an all incentive pa ent, and the int payments are	y associated incer ayments will be base erest paid for the p contingent on fund	ntive paymen sed on an and revious year is ing availability	nt allocated to the nual verification that is documented by the y pursuant to Section
I understand that the SWCD and/or current and the interest for the previmy lender may share information abbeing made.	ious year is pai	d. I understand that	I will be requi	ired to authorize that
I hereby state that I have read this apand have authority to sign this applic		understand the tern	ns and conditi	ons contained herein
Agreed to by:				



Producer/Entity Signature



EQUIPMENT PURCHASE ASSISTANCE PROGRAM RELEASE OF INFORMATION

Producer Information:

Producer/ Entity Name:			
Contact Name (if different):			
Address:	City:	State:	Zip:
Phone:	Email:		
H2Ohio Contract Name:			
SWCD H2Ohio Contract is Administered b	y:		
Financial/Lending Institution:			
Name of Lending Institution (who will hole	d the loan):		
Name of Contact (loan officer):			
Address:	City:	State:	Zip:
Phone:	Email:		
Loan Number:			
I hereby authorize the financial/lending in of the Ohio Department of Agriculture — equipment, which I have applied for H2Ohincludes: the Borrowers Name, Address, borrower's SSS or Tax ID number.	Division of Soil & Water Cor nio Funding to be reimbursed f	servation regardin or interest paid. Th	g this loan for is Information
I hereby authorize the Ohio Department information regarding my H2Ohio Contracthe above-named financial/lending institu	ct and the Equipment Purchas		
Producer/Entity Signature			
ODA DSWC Representative Signature			

