

# Wireless EBT-Only Equipment Funding Application

Complete this form in its entirety. Submit it electronically to [AHS.EBT@vermont.gov](mailto:AHS.EBT@vermont.gov) with a signed W-9 form attached.

MARKET INFORMATION	
Market/Farm Name: <i>(check payable to)</i>	
FNS Number:	
Market/Farm Mailing Address:	
Market/Farm Contact Person:	
Market/Farm Phone Number:	
Market/Farm Email:	

MARKET QUESTIONNAIRE	
1. Which EBT-only solution option will your market/farm be utilizing?	
2. What date do you anticipate you will start using this solution?	
3. If opting for <b>OPTION 2</b> , will you be purchasing 12 or 24 months of service through the vendor?	
4. How many months per year is your market/farm open? <i>(a single transaction should be considered "open")</i>	

STATE USE ONLY	
Maximum Reimbursement Amount Payable:	

*The Maximum Reimbursement Amount Payable will be based on the markets chosen solution, transaction fees (if applicable) and the number of months a market is open.*