

DELAWARE RURAL IRRIGATION PROGRAM



State of Delaware

Application For Financial Assistance

Please return application and attachments to:

Delaware Economic Development Office
Capital Resources
99 Kings Highway
Dover, DE 19901

Updated: July, 2013

Applicant Information:

Applicant Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

E-mail Address: _____ Tax ID: _____

Type of Business (*Check One*):

LLC LLP Sole Proprietorship C-Corp S-Corp General Partnership

Total Cost of Irrigation System: _____

Receipts may be required.

Location of New System Installation (*if different from address above*):

DEDO reserves the right to require the submission of additional information by the applicant, such as personal financial statements, tax returns, or other information it deems necessary to determine the borrowers eligibility for a DRIP loan.

Any change in the status will be communicated immediately.

Applicant hereby certifies they are in good standing with the Lender (no covenant defaults or non-accrue) and qualifies for assistance in the DRIP initiative.

Applicant verifies that they have farmed for the previous two years as required by this program and certifies that the information provided in this application is accurate.

Applicant Name (Print)

Applicant Signature

Date

Updated: July, 2013

Agricultural Information:

Number of Acres to be Irrigated: _____ (*acres must not be currently irrigated*)

Type of Irrigation System to Purchase (check all that apply) (limit one loan per applicant per year):

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> center pivot | <input type="checkbox"/> towable pivot system |
| <input type="checkbox"/> corner arm | <input type="checkbox"/> single phase system |
| <input type="checkbox"/> linear move | <input type="checkbox"/> wells and filters for drip irrigation |
| <input type="checkbox"/> span angle | |

County Tax Parcel(s) where system will be installed: _____

USDA Farm Service Agency (FSA) Farm # _____ FSA Tract # _____

Does the Loan Applicant Own the Farm? Yes No *If yes, then skip the next 3 questions.*

Contractual arrangement with owner:

Sharecrop Lease Rent (written or oral) Other _____
(Explain)

Length of current agreement with landowner (must exceed term of loan): _____ years

Please provide Landowner Name(s) and Address & Phone # of Primary Contact:

Name(s): _____

Address of Primary Contact: _____

City, State and Zip: _____

Daytime Phone of Primary Contact: _____



Contact Information:

Lender Providing Irrigation System Loan: _____
(If Applicable)

Lender Loan Amount: _____ Interest Rate on Loan: _____

Amount of Applicant Contribution: _____

Term of Loan: _____

Loan Officer: _____ Phone Number: _____

Email: _____ Fax Number: _____

Attach:	Copy of Lending Institution Note Copy of Lending Institution Guarantees
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Name of Delaware Irrigation Dealer/Installer: _____

Name of Irrigation Manufacturer: _____

Model Number of Irrigation System: _____

Serial Number of Irrigation System: _____

Contact: _____ Phone Number: _____

Email: _____ Fax Number: _____

Name of Delaware Well Driller: _____

Model Number of Well Pump: _____

Serial Number of Well Pump: _____

Contact: _____ Phone Number: _____

Email: _____ Fax Number: _____



Right Place. Right Size.



Serving Agriculture and
Protecting Consumers