

**Ohio Department of Agriculture's
Farmers' Market
Cost Share Advertising
Registration Form**

Date Submitted:	Date Received by ODA:	Employer Identification #
		Social Security # (if you do not have an EIN)

Requested Amount:

Applicant Information:	ODA Tracking Number:
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Farmers' Market Name(s):

Contact Person:

Address:

City	County	State	Zip
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Phone:	Fax:	E-mail
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Additional Participant & Vendor Information
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If additional information needs to be submitted please attach a separate sheet with a typed list of all participants and vendors. Please include: Contact name, Business name, Address, City, State, Zip and Telephone.

Funding

ODA Funds requested:		Send this form and all requested documents to: ODA Marketing Division 8995 East Main Street Reynoldsburg, Ohio 43068 Attn: Patti Haden
Applicant's match: Cash		

I agree to comply with all logo guidelines as provided and program rules for the ODA Farmers' Market Cost Share Advertising Program.

Signature	Date
Print Name	

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