

# Ohio Rural Rehabilitation Program

## *Application*



**RETURN TO:** OHIO RURAL REHABILITATION PROGRAM  
GREG HARGETT, CHAIRMAN  
OHIO DEPARTMENT OF AGRICULTURE  
8995 EAST MAIN STREET  
REYNOLDSBURG, OHIO 43068

I hereby submit the following information for your use in determining eligibility for funding under the Ohio Rural Rehabilitation Program.

ORGANIZATION: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ SS/ID NO.: \_\_\_\_\_

## *Organization Information*

### **OFFICERS**

### **ADDRESS**

PRESIDENT: \_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

TREASURER: \_\_\_\_\_

IS THIS ORGANIZATION INCORPORATED? \_\_\_\_\_

IF YES, DATE OF INCORPORATION \_\_\_\_\_

PROFIT \_\_\_\_\_ NON-PROFIT \_\_\_\_\_ STATUTORY AGENT \_\_\_\_\_

TYPE OF FUNDS REQUESTED: GRANT \_\_\_\_\_ LOAN \_\_\_\_\_ AMT. REQUESTED \_\_\_\_\_

HOW LONG HAS YOUR ORGANIZATION BEEN CONDUCTING BUSINESS? \_\_\_\_\_

HOW ARE YOU CURRENTLY FUNDED? \_\_\_\_\_

ARE MATCHING FUNDS AVAILABLE? \_\_\_\_\_ IF SO, HOW MUCH? \_\_\_\_\_

HAVE YOU PREVIOUSLY RECEIVED OHIO RURAL REHABILITATION FUNDING? \_\_\_\_\_

IF SO, WHAT WAS THE PROJECT, AND WHEN DID YOU RECEIVE IT? (ATTACH ADDITIONAL PAGE[S] IF NECESSARY) \_\_\_\_\_

## ***Purpose of the Project***

*Attach the following information to the application, labeling and clearly referencing each applicable question/requirement:*

- 1.) BRIEF DESCRIPTION OF THE PROJECT
- 2.) DESCRIBE HOW THE PROJECT WILL BE FINANCED AND INCLUDE A FINANCIAL STATEMENT IDENTIFYING SOURCES AND USES OF FUNDS.
- 3.) WHO ARE THE PRIMARY BENEFICIARIES OF THE PROJECT?
- 4.) BUSINESS PLAN FOR THE PROJECT
- 5.) OTHER INFORMATION ON THE PROJECT, SUCH AS PHOTOS, LITERATURE, BROCHURES, SUPPORT LETTERS, ETC.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

***For Internal Use Only (Has the applicant completed each section of the application?)***

- |                              |                             |   |                              |                             |                           |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Organization Information                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3.) Project Beneficiaries |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1.) Project Description                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4.) Business Plan         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2.) Project Financing/Financial Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5.) Other Information     |
|                              |                             | _____ County's Unemployment Rate _____    | Per Capital Income _____     |                             |                           |