STATE OF VERMONT *(06-20-2008)*

AGENCY OF AGRICULTURE, FOOD & MARKETS
A.R.M.E.S. & Laboratories Division
116 State Street
Montpelier, Vermont 05620-2901
Jeff Cook 828-3474

Annual Report - Capital Equipment Assistance Program

Please submit this form by December 31st

1. User Information

Name _____ Type of Operation: Custom applicator ☐ Group of farmers ☐

Farm/Business _____ Individual farmer ☐ Other ☐ _____

Mailing Address _____ Total acreage where manure is spread _____

_____

Phone _____ Email _____ Total amount (gallons) of manure spread each year _____

2. Manure Application(s) & Use History

Date of Application	Location of Use (farm and/or tract of land)	Crop Where Equipment was Used	Soil Type & Slope	Acres Treated	Application Rate (gallons/acre)	Fuel Use (gallons/acre)

3. Equipment

Equipment purchased (make and model): _____

Was the equipment used at a farm other than yours or at multiple locations? *Yes* ☐ *No* ☐

Did the equipment perform the way you intended? *Yes* ☐ *No* ☐ Please explain _____

_____

_____

Do you plan on using the equipment on more acreage next year? *Yes* ☐ *No* ☐ If yes, how many additional acres and crop type(s)? If no, why not? _____

_____

_____

This report must be fully completed, signed, and submitted to the Vermont Agency of Agriculture, Food, and Markets, hereby referred to as the Agency. Annual reports are due by December 31 for four years after inclusion in the program. I agree to indemnify and hold harmless the Agency from any liability resulting from the use of program funds or from the implementation of the cost-share monies. I agree that failure to comply with the terms of this contract may result in exclusion from payment of claims and liability for returning the full amount of claims paid.

Signature _____ Date _____