

SNAP EBT-ONLY EQUIPMENT GRANT - Equipment Request Form	
Date equipment requested:	
Market Name:	
Contact person at market for SNAP:	
Contact email address:	
Contact phone number:	
Market's location address:	
Market's mailing address:	
Is market SNAP authorized? If yes, provide FNS #	
Has market previously received free EBT equipment from either FNS or the State of Texas (from a pilot program or grant, including free MarketLink equipment)?	
Does market currently possess functioning EBT equipment to accept SNAP?	
<p>Markets must select an equipment option from either Novo Dia Group (NDG) or FIS. <b>Indicate EBT equipment option requested:</b></p> <p><i>*Denotes the one-time Equipment Fee paid by HHSC.</i></p> <p><b><i>NOTE: FM/DMF will be responsible for all monthly fees for option selected effective October 1, 2021.</i></b></p>	<p><input type="checkbox"/> <b>Option 1</b> – NDG Bring Your Own Device (BYOD) <i>Market to use own smart device to accept payment.</i> \$ 560.00 – Cost for card reader/wireless printer* \$ 20.00 – Monthly License Fee</p> <p><input type="checkbox"/> <b>Option 2</b> – NDG iPad \$1,000.00 – Cost for iPad, Card Reader &amp; Printer* \$ 25.00 – Monthly Wireless Service Fee \$ 20.00 – Monthly License Fee</p> <p><input type="checkbox"/> <b>Option 3</b> – FIS Vx680 Portable Terminal \$1,000.00 – Cost for All-in-One Wireless Terminal* \$ 45.00 – Monthly License &amp; Wireless Service Fee</p>
Program Agreements	
<p>This agreement is being made between the Farmers' Market (FM)/Direct Marketing Farmer (DMF) and the Texas Health and Human Services (HHSC) Electronic Benefit Transfer (EBT) Program as a result of the Food and Nutrition Service (FNS) Grant No. SNAP EQUIP-19-TX-01.</p> <p>By checking and signing below, the FM/DMF is:</p> <ul style="list-style-type: none"> <li>• Requesting EBT point-of-sale equipment.</li> <li>• Committing to use the equipment received and understands that if not used within a year, FNS may deactivate the equipment supplied by Texas HHSC and require that it be returned.</li> <li>• Acknowledging that this grant provides for the purchase of equipment and services which expire on September 30, 2021, understands there is no funding for EBT equipment or services beyond that date and FM/DMF is responsible for all monthly fees (for option selected) after that date.</li> <li>• Accepting responsibility for maintaining or replacing equipment (with exception of any warranty items during the warranty period).</li> </ul>	
I have read and agree to above stipulations.	
Type your name as signature:	