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| BCAP-2 (proposal 6) | U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency | 1. Farm Number | 2. Tract Number |
| BIOMASS CROP ASSISTANCE PROGRAM WORKSHEET | | 3A. Contract Period: FROM: (MM-DD-YYYY) TO: (MM-DD-YYYY) | |
| (See Page 2 for Privacy Act Statement.) | | 3B. Contract Length (Yrs) | 4. Project Area ID Number |
| NOTE: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-XXXX. The time required to complete this information collection is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. | | 5A. Admin. ST & CO Code | 5B. Phys. Loc. ST & CO Code |

PART A – ADMINISTRATIVE DATA TO BE COMPLETED BY FSA IN CONSULTATION WITH APPLICANTS

| | | |
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| 6. Name and Address of Producer (Include Zip Code) | 7A. Acres Offered | 7B. Acres Eligible |
| 8. Administrative County FSA Office Address (Include Zip Code) | 9. Administrative County FSA Office Telephone Number (Include Area Code) | |

| 10A. Proposed Biomass Production (Woody Perennial Crops): | | | | | |
|---|-------------------|-------------|----------|---|---|
| 1. CLU/Field Number | 2. Energy Crop | 3. Acres | | 4. Est. Production (Dry Tons/Ac/Yr) | 5. Est. First Harvest Date (MM-DD-YYYY) |
| | | Offered | Eligible | | |
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| 10B. Proposed Biomass Production (Non-woody Perennial Crops): | | | | | |
|---|-------------------|-------------|----------|---|---|
| 1. CLU/Field Number | 2. Energy Crop | 3. Acres | | 4. Est. Production (Dry Tons/Ac/Yr) | 5. Est. First Harvest Date (MM-DD-YYYY) |
| | | Offered | Eligible | | |
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| 10C. Proposed Biomass Production (Annual Crops): | | | | | |
|--|-------------------|-------------|----------|---|---|
| 1. CLU/Field Number | 2. Energy Crop | 3. Acres | | 4. Est. Production (Dry Tons/Ac/Yr) | 5. Est. First Harvest Date (MM-DD-YYYY) |
| | | Offered | Eligible | | |
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11. Land Classification (Select One):
 Cropland
 NIPF
 Pastureland/Grassland/Hayland Etc

| 12. Soil Map Data: | | | | | | |
|--------------------|---|--------------------------------|-----------------------|-------------|---------------------------|------------------|
| | A. Physical Location (ST & CO Code) | B. Soil Survey ID Number | C. Map Unit Symbol | D. Acres | E. Soil Rental Rate | F. Total Rent |
| (1) Primary | | | | | | |
| (2) Secondary | | | | | | |
| (3) Tertiary | | | | | | |
| G. Totals: | | | | | | |

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| 13A. Weighted Average Soil Rental Rate (Per Acre) (Item 12F total divided by Item 12D total) \$ | 13B. Incentive Rate (Per Acre) (if applicable) | 13C. Annual Payment Rate (Per Acre) (Item 13A x Item 13B) \$ |
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14. Remarks

PART B – PRODUCER CERTIFICATION STATEMENT AND SIGNATURES

By signing below I certify to all of the following: (1) I have been informed that planting energy plants suitable for biomass does not ensure that the facility will purchase the harvested product; (2) That CCC is not liable if the facility changes the terms and condition of the purchase of biomass product produced on land under contract; (3) I will comply with the terms and conditions of the BCAP conservation plan; (4) I will notify CCC within 14 calendar days after the sale of biomass material from land enrolled in the program; (5) I have been informed of the estimated cost of establishing the energy plants offered; (6) I have been informed that I may be required to pay for a measurement service on the acreage offered before such acreage may be enrolled in the BCAP; (7) To the best of my knowledge and belief the acreage of annual and/or perennial crops including woody perennial crops and land listed herein, if applicable, are true and correct; (8) The signing of this form gives USDA representatives authorization to enter and inspect crops and land uses and for other purposes on the above identified land and (9) I agree to make available to the Secretary, or to an institution of higher education or other entity as designated by the Secretary such information the Secretary considers to be appropriate to promote the production of eligible crops and the development of biomass conversion technology and (10) I agree to grow energy crops on the enrolled acreage and generally agree to harvest, collect and deliver biomass from such crops to a biomass conversion facility.

I understand that an inaccurate certification could result in a payment reduction or loss of program benefits.

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| 15. Producer's Name | 16. Producer's Signature (By) | 17. Title/Relationship of the Individual if Signing in a Representative Capacity | 18. Date (MM-DD-YYYY) |
|---------------------|-------------------------------|--|-----------------------|

PART C – COUNTY COMMITTEE ELIGIBILITY DETERMINATION (See 1-BCAP Part 4 for eligibility policies) (Check "YES" or "NO" for each)

Eligible Producer Criteria

| | YES | NO |
|--|-----|----|
| 19. Is the producer an owner or operator of agricultural or NIPF Land? | | |
| 20. Is the producer in compliance with the highly erodible land conservation requirements of subtitle B of title XII of the Food Security Act of 1985 (16 U.S.C. 3811 et seq.) and the wetland conservation requirements of subtitle C of title XII of that Act (16 U.S.C.3821 et seq.)? | | |
| 21. Is the land owned by a producer who is not a Federal Agency or State Agency, including any department or any political subdivision of a State? | | |

Eligible Land Criteria

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| 22. Is the land offered physically located within an approved project area which has not already reached the project acreage limit? | | |
| 23. Is the land offered one or more of the following? Cropland, Grassland, Pastureland, Hayland, other lands on which food, fiber, or other agricultural products are produced or capable of being produced or NIPF? | | |
| 24. The land is not native sod, including rangeland, as of (Publication of the final rule). | | |
| 25. The land is not enrolled in CRP, WRP, or GRP at the time the offer is submitted by the producer. | | |
| 26. The land is not subject to restrictions such as easements or conveyances that conflict with energy crop production as specified in the BCAP Contract and CPO or FSP. | | |

Eligible Crop(s) Criteria

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| 27. Are the energy crop(s) listed in the project proposal? | | |
| 28. Are the energy crop(s) ineligible to receive payments under Title I of the Food, Conservation, and Energy Act of 2008 or an amendment made by that title? | | |
| 29. Are all energy crop(s) non-invasive and non-noxious, and without the potential to become invasive or noxious as recommended by NRCS, TSP or SFA? | | |
| 30. Are the energy crop(s) listed above determined agronomically suitable for the land as recommended by NRCS, TSP or SFA? | | |

COC Certification

31. Does this offer meet all eligibility criteria listed above? Note: All above must be "YES" for the offer to be eligible. (Check "YES" or "NO") YES NO

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| 32. Signature of CCC Representative | 33. Date (MM-DD-YYYY) |
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33. Eligibility Remarks

NOTE: *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 1404 and the Commodity Credit Corporation Charter Act (15 U.S.C. 714). The information will be used to allow the producer to authorize CCC to make a program payment to an assignee. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination that a payment to the assignee cannot be made. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.*

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