Form Approved – OMB No. 0560-XXXX

BCAP-5
(proposal 9)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

BIOMASS CROP ASSISTANCE PROGRAM – MATCHING PAYMENT AGREEMENT

1. Contract Number

2. Control Number

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.*

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 TOYOUR COUNTY FSA OFFICE.***

3. Eligible Material Owner Name and Address *(Including Zip Code)* Telephone No. *(Including Area Code)*:	4. County Office Name and Address *(Including Zip Code)* Telephone No. *(Including Area Code)*:	5. State and County Code

DELIVERY OF ELIGIBLE MATERIAL TO A QUALIFIED BIOMASS CONVERSION FACILITY (QBCF)

6. Qualified Biomass Conversion Facility ID No.	7. Name of Qualified Biomass Conversion Facility

PLANNED DELIVERY OF ELIGIBLE MATERIAL

8. Type of Material (*Check all that apply)*:

☐ Federal Woody Resources ☐ Non-Federal Woody Resources ☐ Agricultural Resources

☐ Herbaceous Resources ☐ Waste Materials

9. Estimated Quantity of Eligible Material to be Delivered to QBCF (Dry Tons)	10. Projected Price ($/Dry Ton) $	11. Estimated Total Matching Payment

PARTICIPANT'S CERTIFICATION

I certify that the above information is true and correct. I further certify that the entry(ies) in Items 9, 10 and 11 of supply estimates and pricing are explicitly outlined in my agreement with a qualified biomass conversion facility. Upon approval of this matching payment application, I agree to submit proof of delivery and request a payment for any or all delivery at least one year from the date of approval. My failure to submit proof of delivery and request a payment at least one year from the date of this approval, will result in the termination of this approval and require me to re-apply for approval. I am aware that my two year eligibility to apply for matching payments starts on that date that I receive my first matching payment. The provisions of this section are in addition to any liability which may be incurred under various criminal and civil fraud statutes, including, but no limited to, 18 U.S.C. 1001 and 15 U.S.C. 714m.

12. Participant's Name	13. Participant's Signature (By)	14. Title/Relationship of the Individual if Signing in a Representative Capacity	15. Date (MM-DD-YYYY)

APPROVAL ACTION *(The Approving Official approved the matching payment application.)*

16. Approving Official Signature	17. Date (MM-DD-YYYY)

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

ACTUAL DELIVERY OF ELIGIBLE MATERIAL

18. Delivery Date	19. Point of Origin							20. Mat. Type	21. Dry Tons Del.	22. Price ($/Dry Ton)	23. Matching Payment	24. Source Location				
	BLM	FS	ST	CO	MN	TR	PR					ST	CNTY	Farm #	Tract #	CLU #

PARTICIPANT AGREEMENT

This Agreement is entered into between the Commodity Credit Corporation and the undersigned eligible material owners (who may be referred to as "Participant"). The participant agrees that he/she has delivered the quantity of eligible material to the Qualified Biomass Conversion Facility. The participant agrees that he/she has received a matching payment in the amount that it specified and the receipts (from the Qualified Biomass Conversion Facility) that have provided are the original and have not been altered in any way.

The participant agrees that he/she had the legal ownership for the eligible material that was delivered to Qualified Biomass Conversion Facility.

The participant understands that he/she is only eligible to receive payments for 2 consecutive years beginning on the date that the first payment is issued.

25. Participant's Name *(Eligible Material Owner)*	26. Percent Share Matching Payment	27. Signature (By)	28. Title/Relationship of the Individual Signing in a Representative Capacity	29. Date (MM-DD-YYYY)
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			

30. Matching Payment Approved: ☐ YES ☐ NO	31. Approval Date:	
32. Approving Official Signature	33. Check Issuance Date (MM-DD-YYYY)	34. Matching Payment Expiration Date (MM-DD-YYYY)

CONTINUATION OF ACTUAL DELIVERY OF ELIGIBLE MATERIAL

18. Delivery Date	19. Point of Origin							20. Mat. Type	21. Dry Tons Del.	22. Price ($/Dry Ton)	23. Matching Payment	24. Source Location				
	BLM	FS	ST	CO	MN	TR	PR					ST	CNTY	Farm #	Tract #	CLU #

CONTINUATION OF PARTICIPANT AGREEMENT

25. Participant's Name *(Eligible Material Owner)*	26. Percent Share Matching Payment	27. Signature (By)	28. Title/Relationship of the Individual Signing in a Representative Capacity	29. Date *(MM-DD-YYYY)*
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			
	%			