

<p><b>BCAP-3 U.S. DEPARTMENT OF AGRICULTURE</b> (proposal 5) Commodity Credit Corporation</p> <p style="text-align: center;"><b>BIOMASS CROP ASSISTANCE PROGRAM CONTRACT</b></p> <p><small><b>NOTE:</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></small></p>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">1. Farm Number</td> <td style="width:50%;">2. Tract Number(s)</td> </tr> <tr> <td>3. Contract Number</td> <td>4. Contract Acres</td> </tr> <tr> <td colspan="2">5A. Contract Period: FROM (MM-DD-YYYY) TO (MM-DD-YYYY)</td> </tr> <tr> <td colspan="2">5B. Contract Length in Years</td> </tr> <tr> <td>6A. Admin. ST. &amp; CO Code</td> <td>6B. Phys. Loc. ST &amp; CO Code</td> </tr> <tr> <td colspan="2">7. Project Area ID Number:</td> </tr> </table>		1. Farm Number	2. Tract Number(s)	3. Contract Number	4. Contract Acres	5A. Contract Period: FROM (MM-DD-YYYY) TO (MM-DD-YYYY)		5B. Contract Length in Years		6A. Admin. ST. & CO Code	6B. Phys. Loc. ST & CO Code	7. Project Area ID Number:																								
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<p><small><b>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (who may be referred to as "the Participant".) The Participant agrees to place the designated acreage into the Biomass Crop Assistance Program ("BCAP") Project Area Program from the date the Contract is executed by the CCC. The Participant also agrees as part of this contract to implement on such designated acreage the Conservation Plan or Forest Stewardship Plan for energy crop production developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to BCAP-3 Biomass Crop Assistance Contract (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant removes or modifies acres after contract approval. The terms and conditions of this contract are contained in Forms BCAP-2 Worksheet, this BCAP-3 Contract, and the BCAP-3 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: BCAP-2; BCAP-3; BCAP-3 Appendix and any addendum thereto; if applicable.</b></small></p>																																						
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<p><b>12. PARTICIPANTS</b>(If more than three individuals are signing, continue on attachment.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">A(1) Name and Address (Zip Code):</td> <td style="width:10%;">(2) Share %</td> <td style="width:25%;">(3) Signature (By)</td> <td style="width:25%;">(4) Title/Relationship of the Individual if Signing in a Representative Capacity</td> <td style="width:15%;">(5) Date (MM-DD-YYYY)</td> </tr> <tr> <td>B(1) Name and Address (Zip Code):</td> <td>(2) Share %</td> <td>(3) Signature (By)</td> <td>(4) Title/Relationship of the Individual if Signing in a Representative Capacity</td> <td>(5) Date (MM-DD-YYYY)</td> </tr> <tr> <td>C(1) Name and Address (Zip Code):</td> <td>(2) Share %</td> <td>(3) Signature (By)</td> <td>(4) Title/Relationship of the Individual if Signing in a Representative Capacity</td> <td>(5) Date (MM-DD-YYYY)</td> </tr> </table>				A(1) Name and Address (Zip Code):	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)	B(1) Name and Address (Zip Code):	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)	C(1) Name and Address (Zip Code):	(2) Share %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)																				
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<p><b>13. CCC USE ONLY – Payments according to the shares are approved.</b></p>		<p>A. Signature of CCC Representative</p>		<p>B. Date (MM-DD-YYYY)</p>																																		
<p><b>NOTE:</b> 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. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p>																																						

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Original – County Office Copy
  Owner's Copy
  Operator's Copy

