

BCAP-6
(proposal 7)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

ENVIRONMENTAL SCREENING WORKSHEET

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 TO YOUR COUNTY FSA OFFICE.

1. Name of BCAP Project Sponsor

SPONSOR'S CONTACT INFORMATION

2A. Street Address (Number and Name)	2B. City	2C. State	2D. Zip Code
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2E. Telephone Number (Include Area Code)	2F. Mailing Address (Include Zip Code)
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PROJECT AREA OVERVIEW

3. County of Primary Location	4. State/County FIPS Code	5. Telephone Number (Include Area Code)	6. Email Address
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7. Counties to be included in Proposed BCAP Project Area:

A. County Name	B. State and County FIPS Code

BIOMASS FACILITY OVERVIEW

8. Name of Biomass Facility(ies):

A. County Name	B. State and County FIPS Code

9. North American Industry Classification System (NAICS) Code: _____

10. Biomass Conversion Production Status:

A. Production <input type="checkbox"/> Since <input type="checkbox"/> Expected	B. Date (MM/DD/YYYY)
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11. Brief Overview of Facility Business Operations and Biomass Utilization

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.

FACILITY OVERVIEW

12. Energy\Fuel Produced (*Check all that apply*):

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Biodiesel | <input type="checkbox"/> Ethanol | <input type="checkbox"/> Bioethanol |
| <input type="checkbox"/> Butanol, methanol or other alcohols | <input type="checkbox"/> Electricity | <input type="checkbox"/> Syngas |
| <input type="checkbox"/> Pellets/Briquettes | <input type="checkbox"/> Other(s): | <input type="checkbox"/> Steam |

13. Biomass Material(s) Used (*Check all that apply*):

A. Plant species:

- | | | | |
|----------------------------------|---|--------------------------------|----------------------------------|
| <input type="checkbox"/> Trees | <input type="checkbox"/> Shrubs | <input type="checkbox"/> Forbs | <input type="checkbox"/> Legumes |
| <input type="checkbox"/> Grasses | <input type="checkbox"/> Other (<i>non-algae</i>) plants: | | |

B. Agricultural residues and wastes:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Straw | <input type="checkbox"/> Hulls | <input type="checkbox"/> Stover |
| <input type="checkbox"/> Cobs | <input type="checkbox"/> Bagasse | <input type="checkbox"/> Nursery inventory waste |
| <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Please check if Title 1 crop residue is used | | |

C. Forestry and logging materials:

- | | | |
|--|--|---|
| <input type="checkbox"/> Forest thinnings material | <input type="checkbox"/> Sawdust | <input type="checkbox"/> Hardwood chips |
| <input type="checkbox"/> Softwood chips | <input type="checkbox"/> Cutoffs | <input type="checkbox"/> Bark |
| <input type="checkbox"/> Other wood/tree pieces | <input type="checkbox"/> Other: <i>(branches, tops, and disaster debris)</i> | |

D. Other/Factory/Industrial Sources:

- | | |
|---|---|
| <input type="checkbox"/> Non-edible food processing waste | <input type="checkbox"/> Wood mill waste and scraps |
| <input type="checkbox"/> Roadway maintenance cuttings | <input type="checkbox"/> Non-edible plant processing waste and scraps |
| <input type="checkbox"/> Nonedible fats, oils and greases derived from eligible plant species | <input type="checkbox"/> Other: |

14. Have all the necessary permits been obtained for this facility? Please check one of the following. YES NO
If "NO", explain why.

Harvesting

15. When (timing/frequency) will the material be harvested?

PROTECTED RESOURCES TO BE CONSIDERED (Completed by FSA Offices)

Threatened and Endangered Species

16. Are there threatened and/or endangered species or critical habitat within the proposed project area? YES NO

Cultural Resources

17. Will tree planting/harvesting be part of this proposed BCAP project area? YES NO

Wetlands

18. Are there known wetlands in or adjacent to the proposed BCAP project area? YES NO

NOTE: If either Items 16, 17, or 18 are answered "YES", then appropriate agency consultation (U.S. Fish and Wildlife Service, Section 106, Army Corp) may be required during the site specific environmental evaluation.

CERTIFICATION OF OVERVIEW INFORMATION

I certify that I am authorized to represent the Project Sponsor listed in Item 1.

I certify that the information included is true and correct to the best of my knowledge and belief. I certify that the annual production estimates are realistic estimates and the most accurate that can be made at this date and time.

I also acknowledge and understand that any false representations or fraudulent claims I have made on this form will subject me to civil and criminal penalties, including but not limited to those provided for by 18 U.S.C. 1001.

My signature and endorsement are as follows:

19A. Print Name	19B. Title
19C. Signature	19D. Date

PRIMARY CONTACT

20A. Name	20B. Street Address (Including Zip Code)
20C. Telephone Number (Including Area Code)	20D. Email Address