

## Instructions for the Form BCAP-24, “Biomass Crop Assistance Program (BCAP) Application.”

The BCAP-24 serves as the BCAP application document. The BCAP-24 is generated through FSA program software based on information provided by applicants for the BCAP-23 and the CCC review and approval process. The form will not be completed manually.

For more information about the BCAP-24 Biomass Crop Assistance Program (BCAP) Worksheet, please visit the USDA Farm Service Agency’s web site at [www.fsa.usda.gov/bcap](http://www.fsa.usda.gov/bcap) or contact Kelly Novak at 202.720.4053 or [cepdmail@wdc.usda.gov](mailto:cepdmail@wdc.usda.gov).

<b>Fld Name / Item No.</b>	<b>Instruction</b>
1 Farm Number	The FSA Farm number identifying the land included in the BCAP application.
2 Tract Number(s)	The FSA Tract number or numbers identifying the land included in the BCAP application.
3 Enrollment Number	The FSA ID enrollment number assigned to the BCAP application.
4 Enrollment Acres	The total number of acres included in the BCAP application.
5A-D County Office Name, Address, and Telephone	The name, address, and telephone number for the FSA County office administering the land being offered for a BCAP contract.
5 & 6	The start and end dates for the BCAP enrollment period.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Enrollment Period	
7 A&B Admin. ST & CO Codes	The State and County codes identifying:  (A) County administering the land being offered for a BCAP contract; and  (B) County where the land being offered is physically located.
8 Project Area ID Number	The ID number for the project area that includes the land being offered.  <b>NOTE:</b> The Project Area ID# is derived from the corresponding BCAP-23 worksheet, block (4).
9A Annual Rental Rate Per Acre	The amount on a per acres basis to be paid by CCC to the participants of the BCAP contract. This amount is calculated on the BCAP-23.
9B Total Acres Accepted	The total number of acres included in the BCAP application.  <b>NOTE:</b> The total number of acres is derived from the corresponding BCAP-23 worksheet for the Farm # identified in block (1) and the Tracts Number(s) in block (2).
9C Annual Payment	The total annual enrollment payment calculated as the product of 9A (Annual Rental Rate Per Acre) and 9B (Total Acres Accepted).
9D First Year Annual Payment	The annual payment to be made the first year of the enrollment is based on the calendar year covered between the enrollment start date and anniversary of the enrollment start date in the following year.
9E Advanced Partial First	The portion of the first year payment to be made upon the effective date of the enrollment.

<b>Fld Name / Item No.</b>	<b>Instruction</b>
Year Payment	
10 A-D Identification of BCAP Land	<p>A. Common Land Unit –the FSA Common Land Unit (CLU) or field identifying all of a portion of the area included in the BCAP application.</p> <p>B. BCAP Practice – The FSA code identifying the Establishment Practice.</p> <p>C. Acres Accepted – number of acres in the identified CLU covered by the identified practice.</p> <p>D. Total Estimated Establishment Payment by Field – the estimated establishment cost share that will be paid for the identified practice in the identified CLU.</p> <p>E. Total Estimated Establishment Payment – the sum total of item 10D amounts including those on any attached continuation sheet.</p>
11 Participants	<p>(1) Name and Address – The name and address of the enrolled participant.</p> <p>(2) Share – the percentage of the application payment.</p> <p>(3) Signature - The signature of the producer participating in the BCAP enrollment offer.</p> <p>(4) Title/Relationship of the Individual if Signing in a Representative Capacity - Enter the signing representative’s title that is assigned to the individual by the entity or best reflects the signing representative’s role with the entity.</p> <p>(5) Date - Enter the date on which the representative signed the BCAP-24 form. Enter the date in the following format: <i>MM/DD/YYYY</i>.</p>
12 A&B Signature of the CCC Representative and Date.	<p>The signature of the CCC representative approving the BCAP contract and the date on which the representative signed the BCAP-24.</p> <p>Enter the date on which the CCC representative signed.</p> <p>Enter the date in the following format: <i>MM/DD/YYYY</i>.</p> <p>These blocks are for CCC use only.</p>