

Instructions for the Form BCAP-10, “Biomass Crop Assistance Program - Matching Payment Pre-Delivery Application.”

Eligible material owners use the BCAP-10 “Biomass Crop Assistance Program - Matching Payment Pre-Delivery Application” form to enter application for payment, approval and payment under the Biomass Crop Assistance Program’s (BCAP’s) Collection, Harvest, Storage, and Transportation matching payment component. The BCAP-10 form must be completed and approved before the eligible material owner makes a delivery of eligible material, if the owner wishes to obtain a matching payment for the delivery. Submission of the BCAP-10 and the required supplement documentation must be filed at the appropriate FSA County office.

The appropriate administrative FSA County office where the eligible material owner will submit the BCAP-10 and documentation is determined by the following:

- 1.) If the eligible material owner already has existing farm records at a particular FSA County office, that FSA County office will be the office where he/she submits;
- 2.) If the eligible material owner does not have existing farm records in a particular FSA County office, the County where field or Common Land Unit (CLU) is located and on which the collection or harvest takes place, is the FSA County where the eligible material owner submitted; or
- 3.) If the collection or harvest occurs on National Forest or Bureau of Land Management (BLM) lands, it will be the FSA County office nearest to the federal lands unless otherwise previously designated in a specific county.

The eligible material owner must submit additional items to support the BCAP-10 Matching Payment Agreement:

- 1.) **Conservation Plan, Forest Stewardship Plan or Approved Equivalent Plan** – It is important to note that a new or amended plan is necessary and must be obtained before a collection or harvest is executed in order for the material to be eligible for matching payments.
- 2.) **Proof of Material Ownership** - The eligible material owner must provide proof of material ownership;
- 3.) **Facility –Eligible Material Owner Agreements** - A fully executed binding contract or Letter of Intent between the qualified biomass conversion facility and the eligible material owner showing contract time period or dates of delivery, expected eligible material delivery in dry tons and green tons, name of eligible material owner, name of the biomass conversion facility and price per dry ton or dollar range per dry ton to be paid upon delivery; and

For more information about the BCAP-10 Matching Payment Agreement and supplemental documentation please visit the USDA Farm Service Agency’s web site at www.fsa.usda.gov/bcap or contact Kelly Novak at 202.720.4053 or cepdmil@wdc.usda.gov.

FSA will generate the BCAP-10 “Matching Payment Agreement” based on information collected from Eligible Material Owners.

Fld Name / Item No.	Instruction
1A Control Number	Enter the control number assigned by the automated system. NOTE: The FSA County office will enter this number.
1B State and County Code	This is the State and County FSA Code of the administrative county. NOTE: The FSA County office will enter this number.
2 Application/ Agreement Expiration Date	This is the expiration date for the BCAP-10 Matching Payment Application. The expiration date will be the last date upon which the eligible material owner may deliver eligible material to the biomass conversion facility associated with this BCAP-10 submission. The FSA County office will enter this date. Enter the date in the following format: <i>MM/DD/YYYY</i> .
3A-3C Eligible Material Owner(s) Name and Address	Enter the name and mailing address of eligible material owner(s). NOTE: Continuation sheet is available to record all eligible material owner(s).
3D Email	Email address where the material owner can receive email information.
3E Telephone number	The telephone number where the material owner can receive telephone calls.
4A-4C	Enter the FSA County Office’s name and address where the agreement is being filed.

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County Office Name and Address	
4D Email address	The email address for the FSA County Office.
4E Telephone Number	Enter the telephone number for the FSA County Office.
5 Qualified Biomass conversion Facility ID No.	Enter the Facility ID# found on the FSA BCAP Webpage for the facility that is receiving the eligible material: www.fsa.usda.gov/bcap
6 Name of Qualified Biomass Conversion Facility	Enter the Name of the Qualified Biomass Conversion Facility that is taking delivery of the biomass The facility name can be found on the FSA BCAP Webpage www.fsa.usda.gov/bcap
7 State and County FSA Code	Enter the Sate/County Code assigned by the Farm Service Agency. The State and U.S. Territories Codes consist of two digits and the County Code consists of three digits. This will be the Code for the physical location of biomass conversion facility that the eligible material owner is supplying.
8 Delivery to Commence (MM-DD- YYY)	Enter the date that delivery of biomass included in this agreement will begin.
9	Enter the anticipated date the last delivery of biomass included in this

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Delivery to End (MM-DD-YY)	agreement will occur.
10A Type of Material	<p>Check all types of eligible material that will be or are expected to be delivered to the qualified biomass conversion facility.</p> <p>NOTE: This description should correspond with the eligible material description found on the eligible material owner's binding contract or letter of intent with the qualified biomass conversion facility.</p> <p>NOTE: A continuation sheet is provided for multiple entries because any variation in type of material (block 10A)</p>
10B Proposed Quantity of Material to be Delivered to QBCF (Dry Tons)	This will be the amount in dry tons recorded in the binding Letter of Intent (LOI) or Contract that the qualified biomass conversion facility (BCF) and eligible material owner (EMO) agree to as the amount expected to be delivered for the term of the Contract or LOI.
10C Proposed Price (\$/Dry Ton)	Enter the expected price per dry ton that is recorded in the binding LOI or Contract that the qualified biomass conversion facility and the EMO agree to for the terms of the Contract of LOI.
10 D Maximum Total Matching Payment	<p>Enter the calculated dollar amount computed by the automated system.</p> <p>NOTE: The automated system will multiply 10B x 10C to arrive at the dollar amount entered. If the automated system is unavailable this section is still to be completed by the FSA County office manually according to the calculation multiplication of 10B x 10C.</p> <p>NOTE: The continuation sheet allows for additional entries.</p>
10E	Enter the State code where the eligible biomass originated.

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State Code	
10F County Code	Enter the County code where the eligible biomass originated.
10G FSA Farm Number	Enter the FSA Farm Number where the eligible biomass will be collected or harvested.
10H FSA Tract Number	Enter the FSA tract number where the eligible biomass will be collected or harvested.
10I CLU Number	Enter the CLU (Field) Number where the eligible biomass will be collected or harvested.
10J Plan Type	Conservation Plan or Forest Stewardship Plan or Equivalent Plan under which the eligible material is harvested or collected. Select plan type from the drop down menu.
10K Plan Completion Date	Date plan specified in 10J was completed and the signed by Eligible Material Owner. Enter the date in the following format: <i>MM/DD/YYYY</i> .
10L Harvest Date	Enter date biomass was or is to be harvested or collected. Enter the date in the following format: <i>MM/DD/YYYY</i> .
11 Participant's Name	Enter the name of the eligible material owner(s).
12 Participant's	Enter the signature of the participant.

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Signature (By)	
13 Title/Relationship of Individual Signing in 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.
14 Date	Enter the date on which the representative signed the BCAP-10 form. Enter the date in the following format: <i>MM/DD/YYYY</i> .
15 Planned Total Amount	Total dollar amount is the summation the Maximum Total Matching Payments recorded in block(s) 10D. NOTE: Blocks 10D in the continuation form must also be included in this summation. All of the entries in blocks 10D must be added together to arrive at the Planned Total dollar Amount entry. The automated systems will perform the addition.
16 Approved Planned Total Amount	Total dollar amount of <u>approved</u> matching payments.
17 Approving Official Signature	The signature representing the approval of the County Committee or the County Committee representative with the delegated authority to make an approval.
18 Date of FSA Approval	Enter the date of the signature of the approving official. Enter the date in the following format: <i>MM/DD/YYYY</i> .