

Instructions for the Form BCAP-11, “Biomass Crop Assistance Program – Request for Matching Payment.”

Eligible material owners use the BCAP-11 “Biomass Crop Assistance Program – Request Matching Payment” form to request matching payment after approval of a BCAP-10 and deliveries of eligible materials have been made. Matching payments are for eligible material owners participating in 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. This form BCAP-11 must be submitted with appropriate proof of delivery and scale ticket documentation. Submission of the BCAP-11 and the required supplement documentation must be filed at the FSA County office where the associated BCAP-10 was filed.

For more information about the BCAP-11 Request for 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 cepdmail@wdc.usda.gov.

FSA will generate the BCAP-11 “Request for 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	State and County code as assigned by FSA. NOTE: The FSA County office will enter this number.
2 Agreement Expiration date	Enter the expiration date of the associated BCAP-10, Matching Payment Agreement. The expiration date should correspond with BCAP-10, block 2. The FSA County office will enter this date. Enter the date in the following format: <i>MM/DD/YYYY</i> .
3	This is the identification number on the settlement sheet from the qualified biomass conversion facility issued to the eligible material

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Receipt Number	owner at the time of payment for the delivery.
4 Delivery Date	The date on the settlement sheet for an individual delivery. Enter the date in the following format: <i>MM/DD/YYYY</i> .
5 Claimed Eligible material type	The entry will be a single type entry and should correspond with a material type on the contract or letter of intent that the eligible material owner has with the biomass conversion facility and correspond with the a material type selected on the BCAP-10, block 10A. The component codes used for BCAP-10, block 10A will also be used for this entry.
6 Dry tons delivered	The amount in dry tons for the material type delivered and recorded on the settlement sheet.
7 Price per dry ton	This amount should be recorded on the settlement sheet. It should correspond with the dollar per dry ton entered on the BCAP-10, block 10C.
8 Matching Payment	The system will calculate the total matching payment amount. The amount will reflect the multiplication of block 6 (dry tons delivered) x block 7 (price per dry ton).
9 Source location	Record the location where the eligible material was collected or harvested: <ul style="list-style-type: none"> • ST = State Code as assigned by FSA • CNTY = County Code as assigned by FSA • Farm # = Farm number as assigned by administrative FSA County office • Tract# = Tract number as assigned by administrative FSA County office

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	<ul style="list-style-type: none"> • CLU or Common Land Unit or Field = CLU or Field number as assigned by administrative FSA County office
10 Participant's name (eligible material owner)	Enter the name of the eligible material owner(s).
11 Percent share matching payment	The percentage of the payment to be dedicated to the participant named in block 10.
12 Signature (by)	Enter the signature of the participant.
13 Title/ Relationship of the 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-11 form. Enter the date in the following format: <i>MM/DD/YYYY</i> .
15 Matching Payment Approved	Check box "yes" if the payment is approved or check box "no" if payment is not approved. The FSA County office will check this box.
16	Enter the date that the administrative FSA County office approves the

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Approval Date	payment or disapproves the payment. The FSA County office will enter this date. Enter the date in the following format: <i>MM/DD/YYYY</i> .
17 Approving Official Signature	Enter the signature representing the approval of the County Committee.