**Instructions for Form BCAP-22, “*BIOMASS CROP ASSISTANCE PROGRAM (BCAP) PROJECT AREA ENVIRONMENTAL SCREENING WORKSHEET*.”**

Sponsors of a proposed BCAP Project Area use this form to assist FSA in complying with certain environmental laws and regulations including the National Environmental Policy Act and the National Historic Preservation Act. This form must be completed as an attachment to the proposed BCAP Project Area Application. FSA will use this form to assist in the decision whether project level or site specific environmental review will be required on individual producer BCAP applications.

Customers with electronic access may download the proposed BCAP Project Area application and all of the attached forms including BCAP-22 online. The electronic versions are available on the USDA Farm Service Agency’s web site at [www.fsa.usda.gov/bcap](http://www.fsa.usda.gov/bcap).

For more information about the Application and any required forms 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).

**Sponsors of a proposed BCAP Project Area must complete “Environmental Screening Worksheet,” for qualification, Items 1 through 16 and Items 20 and 21.**

#### Items 1 - 21

| Fld Name / Item No. | Instruction |
| --- | --- |
| 1  Name of the Proposed Project Area | Please record the name of the proposed project area as recorded on BCAP-20 form, block (1B). |
| 2A  Name of the BCAP Project Sponser | This may be an individual, producer group, or Biomass Conversion Facility, as specified in applicable business charters. |
| 2B - G  Sponsor’s Contact Information | If the Sponsor is not an individual or a BCF then one individual of the Sponsor group must supply this information for contact purposes. |
| 3  County of Primary Location | This will be the county which contains the majority of the proposed BCAP Project Area. |
| 4 State/County FIPS Code | The State/County Code is assigned by FSA. The State Codes consist of two digits and County Codes consists of three digits.  FSA County office and State office are able to provide these Codes. |
| 5 Telephone number | The telephone number for the Sponsor, where the facility can receive telephonic communication from USDA, the general public and eligible material owners. |
| 6  Email address | The email address where the Sponsor can receive electronic communication from USDA, the general public and eligible material owners. |
| 7 A & B  Counties to be included in Proposed BCAP Project Area | List of all the counties that make up the proposed BCAP Project Area.  **Note:** Include the State and County codes in 7B (see Item 4) for all counties. Please use continuation sheet as necessary. |
| 8 A & B  Name of Bio mass Facility(ies) | List the exact name of the facility(ies) that will receive Biomass from the proposed BCAP Project Area.  **Note:** Include the State and County codes in 8B (see block 4 on this form) for all counties in which the facility(ies) are located. |
| 9  North American Industry Classification System (NAICS) Code | The North American Industry Classification System (NAICS) is the standard used by Federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.  NAICS was developed under the auspices of the Office of Management and Budget (OMB), and adopted in 1997 to replace the Standard Industrial Classification (SIC) system.  To access the list of 2007 NAICS codes please visit: [www.census.gov/eos/www/naics/](http://www.census.gov/eos/www/naics/) or call 1-888-75NAICS.  For example, if your facility produces electricity using biomass, the NAICS code will be 221119. |
| 10A & B  Biomass Conversion Production Status | Please record the date that the conversion facility began production or will begin production. Production means the act of manufacturing, from raw biomass materials or intermediary feedstock to a bio-energy or biobased products or advanced biofuel.  This production start date should be the date that the facility began or plans to begin operation under the applicable legal authorities from Federal, State, and local government(s) for the production of: heat, power, biobased products, or advanced biofuels.  For facilities that are co-generation operations, please record the start date on which the facility began the biomass conversion processes. For example, if the facility is a mill and has added a biomass boiler to generate electricity and steam, please record the date that the conversion process (under legal authority) began operation.  Please record your date in the following format: *MM/DD/YYYY* |
| 11  Brief Overview of Facility Business Operations and Biomass Utilization | Please record items that give an overview of the facility operations and biomass use, such as the facility’s production goals and benchmarks, number of employees, governing board and Executive team profile, credit arrangements, existing contracts, financial overview and company milestones.  Attachments may also be submitted to supplement the response. |
| 12  Energy/Fuel Produced | Select the best description of the energy and fuel production for the submitting biomass conversion facility(ies) **only**. Please check all that apply at present. |
| 13 A – D  Biomass Material(s) Used | Select the best description of the type(s) of biomass used at the biomass conversion facility(ies). Please check all that apply at present or in cases of start-up operation, please indicate the projected type(s) of biomass to be used.  **NOTE**: Contact the applicable State FSA office for eligible material listings. |
| 14 A – I  Types of Potentially Eligible Crops | Enter all the types of potentially eligible crops that apply within the proposed BCAP project area.  For information regarding eligible crop see the eligible crop definition in the BCAP final rule at 7 CFR 1450.2 or contact your State FSA office. |
| 15  Permits Obtained | Please check either “Yes” or “No”.  If “NO” is checked please explain what permit has not been obtained and the reason why it has not been obtained. |
| 16  Harvesting | Please indicate the timing (e.g.; harvesting is completed between May 15-June15) and the frequency (e.g.; two times per year). |
| Blocks 17-19  Protected Resources to be considered | **These Items will be completed by FSA State Environmental Coordinator**  **Note:** If any Item in 17-19 is answered “Yes” then site specific NEPA analysis may be required when individuals apply to participate in BCAP. |
| 17  Threatened and Endangered Species | Please indicate either “Yes” or “No” after consulting with the U.S. Fish and Wildlife Service as to the presence of threatened and/or endangered species or critical habitat within the proposed BCAP Project Area. |
| 18  Cultural Resources | Please indicate either “Yes” or “No” as to whether tree planting or harvesting will be conducted within the proposed BCAP Project Area |
| 19  Wetlands | Please indicate either “Yes” or “No” as to presence of wetlands (as per paragraph 42 of 1-EQ) within the proposed BCAP Project Area |
| 20A  Print Name of Representative | Please record the first and last name of the representative for the submitting sponsor of the proposed BCAP Project Area that is signing the application. |
| 20B  Title | Please record the signing representative’s title that is assigned to the individual by the sponsor or best reflects the signing representative’s role with the sponsor. |
| 20C  Signature | Please record the signing representative’s first and last name in cursive. |
| 20D  Date | Please record the date on which the representative signed the proposed BCAP Project Area application.  Please record the date in the following format: *MM/DD/YYYY* |
| 21A  Name | Please record the first and last name of the person that may be contacted by FSA or the public regarding the proposed BCAP Project Area. |
| 21B  Street Address | The address will be the physical location of the primary contact, including the street number, street name, city, state, and zip code. |
| 21C  Telephone Number | Please record the telephone number for the primary contact. This telephone number will be the number where the primary contact can receive telephonic communication from USDA and eligible material owners. |
| 21D  Email Address | The email address for the primary contact person that can receive electronic communication from USDA. |