

<b>BCAP-20</b> (proposal 18)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation
<b>BIOMASS CROP ASSISTANCE PROGRAM (BCAP)</b> <b>PROJECT AREA PROPOSAL SUBMISSION</b>	

**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 1450, the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used by CCC to review the project sponsor's project area proposal for designation of a geographic project area under the Biomass Crop Assistance Program. 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 an inability on the part of CCC to review the project sponsor's project area proposal for designation of a geographic project area under the Biomass Crop Assistance Program.

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 0560-0082. The time required to complete this information collection is estimated to average 10 hours 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

1. Full Name of Project Area Proposal:		<b>For CCC Use Only</b>	
A. USPS State Code	B. Proposed Project Area Name	2A. Approved Project Area ID Number	2B. Date Assigned (MM-DD-YYYY)
3. Name of Project Sponsor		4. Proposed Acreage Limitation	
5A. Street Address (Number and Name)	5B. City	5C. State	5D. Zip Code
6. Telephone Number (Include Area Code)		7. Email Address	
5E. Mailing Address (Include Zip Code)			

**PART A - FACILITY OVERVIEW (Project Area Sponsor Facility/Operation Status)(If more space is needed, see Page 4)**

8A. Name of the Facility Project Area	8B. Location of Facility Project Area	
8C. As appropriate, please complete:		
<b>Facility Operation Status (Check Only One):</b> <input type="checkbox"/> (1) Operational Biomass Conversion Facility <input type="checkbox"/> (2) Not Currently Operational Biomass Conversion Facility	Prepare and attach copy of Applicable Documents: <ul style="list-style-type: none"> <li>New completed for BCAP-1</li> <li>New completed Qualified BCF Agreement</li> <li>New Additional Forms/Documents for BCAP-1</li> <li>Existing Professional engineering design plan</li> <li>Existing Business/financial operations plan.</li> <li>New completed form BCAP-22</li> <li>New completed form AD-1047</li> </ul>	
<b>Qualified Biomass Conversion Facility (BCF) Status (Check Only One):</b> <input type="checkbox"/> (3) Currently a Qualified Biomass Conversion Facility for Matching Payments BCAP Qualified Biomass Conversion Facility ID Number: _____ <input type="checkbox"/> (4) Not Currently a Qualified Biomass Conversion Facility for Matching Payments <input type="checkbox"/> (5) Not Currently a Qualified Biomass Conversion Facility, but intend to become qualified.		
8D. If facility is not operational for the conversion of biomass, what is the projected date it will become operational for the conversion of biomass?		DATE (MM-DD-YYYY)

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.

9. List All Crops/Acreage Proposed for Establishment. (If more space is needed, see Page 5):

Crops To Be Established On	(1) Crops Proposed for Establishment <i>(List Common Name and Scientific Name)</i>		(2) Crop Type	(3) Number of Acres	(4) Estimated Annual Productivity <i>(Dry Tons Per Acre)</i>	(5) Perennial Crops	
	Scientific	Common				(a) To Be Established Acreage	(b) Previously Established
A. Cropland							
		(6) Totals					
B. Non-Crop Agland							
		(6) Totals					
C. Non-Industrial Private Forest Land							
		(6) Totals					

10. Proposed Biomass Production/Utilization Schedule by Year (Record Total Dry Tons for Each Year Planned from All Sources). Enter Tonnage Estimates for each Applicable Calendar Year Beginning after the Proposal is Approved:

	A. Contract Acreage			B. Non-Contract Acreage	
	(1) Total Tons for Annual Crop	(2) Total Tons for Woody Perennial	(3) Total Tons for Non-Woody Perennial	(1) Total Dry Tons Other Sources for Biomass	(2) Crop Type(s)
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					
Year 6					
Year 7					
Year 8					
Year 9					
Year 10					
Year 11					
Year 12					
Year 13					
Year 14					
Year 15					

**PART B - CERTIFICATION**

*I certify that: 1) I am the project sponsor for this project proposal, 2) the above information and supporting documents are true and complete to my knowledge and comply with 7 CFR Part 1450, and 3) I have provided this form for the purpose of proposing the geographic project area delineated in the proposal. This application is for purposes of the consideration by the CCC of special BCAP projects and not for the BCAP matching payment program. A separate application is required for the matching payment program.*

*With respect to the attachments hereto, I am aware that any requested future changes to the proposed project area geographic boundaries may require a new or amended environmental screening and/or assessment. I am aware that all information provided and activities conducted are subject to compliance review and that misinformation is subject to sanctions and other remedies under program authorities in addition to any liability which may be incurred under various criminal and civil fraud statutes, including, but not limited to, 18 U.S.C. 1001 and 15 U.S.C. 714m.*

11. Authorized Representative for Project Sponsor Signature (By)

12. Title/Relationship of the Individual if Signing in a Representative Capacity

13. Date (MM-DD-YYYY)

## CONTINUATION FOR ITEM 8

PART A - FACILITY OVERVIEW		
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