**This form is available electronically.** Form Approved – OMB No. 0560-0082

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| **BCAP-20**  **U.S. DEPARTMENT OF AGRICULTURE**(proposal 18) Commodity Credit Corporation**BIOMASS CROP ASSISTANCE PROGRAM (BCAP)****PROJECT AREA PROPOSAL SUBMISSION**  |
| **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: | **For CCC Use Only** |
| A. USPS State Code | B. Proposed Project Area Name | 2A. Approved Project  Area ID Number | 2B. Date Assigned   *(MM-DD-YYYY)* |
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| 3. Name of Project Sponsor | 4. Proposed Acreage Limitation |
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| 5A. Street Address *(Number and Name)* | 5B. City | 5C. State | 5D. Zip Code | 5E. Mailing Address *(Include Zip Code)* |
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| 6. Telephone Number *(Include Area Code)* | 7. Email Address |
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| **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: |
| **Facility Operation Status** *(Check Only One)*: | Prepare and attach copy of Applicable Documents: * New completed for BCAP-1
* New completed Qualified BCF Agreement
* New Additional Forms/Documents

 for BCAP-1* Existing Professional engineering

 design plan * Existing Business/financial

 operations plan.* New completed form BCAP-22
* New completed form AD-1047
 |
| [ ]  | (1) Operational Biomass Conversion Facility |
| [ ]  | (2) Not Currently Operational Biomass Conversion Facility |
| **Qualified Biomass Conversion Facility (BCF) Status** *(Check Only One)*: |
| [ ]  | (3) Currently a Qualified Biomass Conversion Facility for Matching Payments BCAP Qualified Biomass Conversion Facility ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | (4) Not Currently a Qualified Biomass Conversion Facility for Matching Payments |
| [ ]  | (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)* |
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| 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*(List Common Name and Scientific Name)* | (2)Crop Type | (3)Number of Acres | (4)Estimated Annual Productivity *(Dry Tons Per Acre)* | (5)Perennial Crops |
| (a)To Be Established Acreage | (b)Previously Established |
| Scientific | Common |
| A.Cropland  |  |  |  |  |  |  |  |
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| (6) Totals |  |  |  |  |
| B.Non-Crop Agland |  |  |  |  |  |  |  |
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| C.Non-Industrial Private Forest Land |  |  |  |  |  |  |  |
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| (6) Totals |  |  |  |  |

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| 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)* |
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**CONTINUATION FOR ITEM 8**

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| **PART A - FACILITY OVERVIEW** |
| 8A. Name of the Facility Project Area | 8B. Location of Facility Project Area |
| 8C. As appropriate, please complete: |
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**CONTINUATION FOR ITEM 9**

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| 9. List All Crops/Acreage Proposed for Establishment: |
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| (a)To Be Established Acreage | (b)Previously Established |
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| (6) Totals |  |  |  |  |
| B.Non-Crop Agland |  |  |  |  |  |  |  |
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| (6) Totals |  |  |  |  |
| C.Non-Industrial Private Forest Land |  |  |  |  |  |  |  |
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