

<b>BCAP-20</b> (08-04-15)	<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 Agricultural Act of 2014 (Pub. L. 113-79). The information will be used to determine eligibility to participate in and receive benefits under the Biomass Crop Assistance Program through documentation of the project sponsor's project area proposal submission. 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 a determination of ineligibility to participate in and receive benefits 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 WITH YOUR PROJECT AREA PROPOSAL.***

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	5E. Mailing Address (Include Zip Code)
6. Telephone Number (Include Area Code)		7. Email Address		

**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	<b>Prepare and attach copy of Applicable Documents:</b> <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?	

*The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) Persons with disabilities, who wish to file a program complaint, write to the address below or if you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.*



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***

***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**

<b>PART A - FACILITY OVERVIEW</b>	
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>	<u>Prepare and attach copy of Applicable Documents:</u>
<input type="checkbox"/> (1) Operational Biomass Conversion Facility <input type="checkbox"/> (2) Not Currently Operational Biomass Conversion Facility	<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)
8C. As appropriate, please complete:	
<b>Facility Operation Status (Check Only One):</b>	<u>Prepare and attach copy of Applicable Documents:</u>
<input type="checkbox"/> (1) Operational Biomass Conversion Facility <input type="checkbox"/> (2) Not Currently Operational Biomass Conversion Facility	<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)
8C. As appropriate, please complete:	
<b>Facility Operation Status (Check Only One):</b>	<u>Prepare and attach copy of Applicable Documents:</u>
<input type="checkbox"/> (1) Operational Biomass Conversion Facility <input type="checkbox"/> (2) Not Currently Operational Biomass Conversion Facility	<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)

**CONTINUATION FOR ITEM 9**

9. List All Crops/Acreage Proposed for Establishment:							
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>(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			