Form RD 1942-54

(Rev. 10-96)

U.S. Department of Agriculture Rural Development

APPLICANT'S FEASIBILITY REPORT

FORM APPROVED

OMB No. 0575-0120

Exp. Date: X/XX/202X

1. **Existing Facility.** Briefly describe what facilities you currently have or how service is currently provided.
2. **Proposed Facility.** Describe what you want to purchase or construct. Indicate what the facility will be used for, approximate size, and expected method of procurement. For buildings indicate location, basic materials or type of construction, and attach a sketch or working drawings. For items of major equipment, indicate new or used, existing or custom-built, and any special features.
3. **Need for the Facility.** Indicate why the proposed facility is needed.
4. **Service Area.** Indicate what area the proposed facility will serve and, if known, the population or number of families served.

*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 0575-0120, which expires on XXXX. The time required to complete this information collection is estimated to average 3 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 information. All responses to this collection of information are voluntary. Any questions on this burden can be sent to ICRMTRequests@usda.gov.*

*Position 8*

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1. **Cost Estimate.**

Development and construction..................................................................................... $

Land and rights..........................................................................................................

Legal fees.......................................................................................................................

Architect and Engineer..............................................................................................

Equipment..................................................................................................................

Refinancing................................................................................................................

Other (describe) ...............................................................................................

Total.............................................................................................................................

1. **Income.** List the sources and estimate the amount of expected revenue for a typical year.
2. **Other Funds.** List the sources and amount of funds that may be available other than from USDA, to fund part of the project (such as applicant's contributions, commercial loans, or loans or grants from other government agencies).
3. **Operating History.**If you have operated a similar facility, attach audits, financial statements, or lists of income and expenses for the past five years.

9. Signature and Title of Applicant Official

Date

**RD 1942-54**

**(Reverse)**