Form RD 1942-54 (Rev. 10-96)

## U.S. Department of Agriculture Rural Development

FORM APPROVED OMB No. 0575-0120 Exp. Date: X/XX/202X

## APPLICANT'S FEASIBILITY REPORT

| 1. Existing Facility. Briefly describe what facilities you currently have or how service is currently provided.   |
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|   |
|   |
| 2. <b>Proposed Facility.</b> 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. <b>Need for the Facility.</b> Indicate why the proposed facility is needed.  |
|   |
| 4. <b>Service Area.</b> Indicate what area the proposed facility will serve and, if known, the population or number of families served.   |

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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|                | evelopment and constructionand and rights  | \$   |
|----------------|--|--|
|                | egal fees  |  |
|                | rchitect and Engineer  |  |
|                | quipment   |  |
|                | financing  |  |
|                | Other (describe)   |  |
|                | otal   |  |
| 6. <b>Inco</b> | True. List the sources and estimate the amount of expected revenue for the sources and amount of funds that may be available (such as applicant's contributions, commercial loans, or loans or some sources. | other than from USDA, to fund part of the  |
|                | rating History.If you have operated a similar facility, attach audits, fir<br>es for the past five years.  | nancial statements, or lists of income and |
| 9 Signa        | ture and Title of Applicant Official   | Date                                       |
| 7. Signa       | ште апи тие от Аррисані Опісіаі  | Date                                       |
|                |  |  |
|                |  |  |

5. Cost Estimate.

(Reverse)