

AgBMP Loan Application

Agricultural Best Management Practices Loan Program

County: Big Stone County

Borrower Information:

Name: _____ Company: _____
 "911" Street Address: _____
 City: _____ State: _____ Zip: _____ Telephone: () - _____

Project Information: On a Farm: Non-Farm:

Locate project within 10 acres for Twp/R/Sec on Section Map below
 Each square is 10 acres. Check only one.

Brief description of what will be purchased or constructed:

Twp #: _____
 Range: _____
 Sec : _____

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Borrower Signature: _____ Date: _____

PROJECT BUDGET INFORMATION

FARM OPERATION INFORMATION

| Category | MAXIMUM Ag BMP Loan | |
|---|---------------------|---------------------|
| Ag Waste Management | \$ | State Cost Share |
| Structural Erosion Control | | |
| Con-Tillage Equipment | | Federal Cost Share: |
| Sewage Systems | | |
| Wells - Other | | |
| Odor Control - Air Quality | | |
| Estimated Total Project Cost (ALL EXPENSES) | | \$ |

| | |
|---|----------------------|
| Beginning Animal Units: | Ending Animal Units: |
| (Facilities with NPDES permits or > 1000 au are ineligible) | |
| Primary Animals or Crop Raised: | |
| Current Con. Till Acres: | |
| Con-Till Acres after Equip. Purchase: | |
| Total Acres Farmed: | |
| REVOLVING FUNDS: <input type="checkbox"/> YES | |

Project Approved by: _____ Approval Date: _____

Completion Certification: This project is complete, operable, and in compliance with accepted standards, specifications or criteria.

Project Approved by: _____ Approval Date: _____

LENDER INFORMATION & LOAN TERMS

| Local Revolving Funds | TOTAL PROJECT COST |
|-------------------------------------|--------------------|
| \$ | \$ |
| This money will NOT be sent to you. | |

Project approval expires on: _____

Other restrictions: _____

Number of payments per year: _____ Total number of payments: _____

Bank Name and Address: _____

Lender Signature: _____ Amount Requested: \$ _____ Date: _____
 This money WILL be sent to you.

Request # 2: Lender Signature: _____ Amount: \$ _____ Date: _____
 This money WILL be sent to you.

Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements

FAX or MAIL TO: Ag BMP LOAN PROGRAM, Minnesota Department of Agriculture,
 625 Robert St N, St Paul, MN 55155-2538 Fax: (651) 201-6120