BCAP-22 (12-14-10)

U.S. DEPARTMENT OF AGRICULTURE

Commodity Credit Corporation

BIOMASS CROP ASSISTANCE PROGRAM (BCAP) PROJECT AREA ENVIRONMENTAL SCREENING WORKSHEET

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 NOTE: perform environmental screening of the project sponsor's proposed project area 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 perform environmental screening of the project sponsor's proposed project area 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 15 minutes 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. Name of Proposed Project Area PART A - SPONSOR'S CONTACT INFORMATION 2A. Name of BCAP Project Sponsor 2B. Street Address (Number and Name) 2D. State 2E. Zip Code 2C. City 2F. Telephone Number (Include Area Code) 2G. Mailing Address (Include Zip Code) **PART B - PROJECT AREA OVERVIEW** 3. County of Primary Location 4. State/County Code 5. Telephone Number Fmail Address (Include Area Code) 7. Counties to be included in Proposed BCAP Project Area: (See Page 5 for Continuation Sheet for Item 7.) A. County Name B. State and County Code PART C - BIOMASS FACILITY OVERVIEW 8. Name of Biomass Facility(ies): A. County Name B. State and County Code 9. North American Industry Classification System (NAICS) Code: 10. Biomass Conversion Production Status: B. Date (MM/DD/YYYY) A. Production Expected 11. Brief Overview of Facility Business Operations and Biomass Utilization

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PART D - FACILITY OVERVIEW					
12. Energy\Fuel Produced (Check all that apply):					
	□ -	□			
∐ Biodiesel	☐ Ethanol	☐ Bioethanol			
Butanol, methanol or other alcohols	L Electricity	Syngas			
Pellets/Briquettes	Steam	Uther(s):			
40 Diaman Material/although (Obsert all that are					
13. Biomass Material(s) Used (Check all that app	ly):				
A. Plant species:					
7t. Tiant species.					
Trees	Shrubs	☐ Forbs ☐ Legumes			
Grasses	Other (non-algae) plants:				
B. Agricultural residues and wastes:					
	_	_			
Straw	☐ Hulls	Stover			
Cobs	Nursery inventory waste				
Other:					
Other.					
Please check if Title 1 crop residue is	used				
Thouse shook if This Torop residue is	doca				
C. Forestry and logging materials:					
Forest thinnings material		Hardwood chips			
Softwood chips	Bark	Other wood/tree pieces			
		Other wood/tree pieces			
Forest slash (branches, tops,	Other:				
and disaster debris)					
D. Other/Factory/Industrial Sources:					
Non adible food processing wests		and mill wante and parana			
☐ Non-edible food processing waste ☐ Wood mill waste and scraps					
Roadway maintenance cuttings Non-edible plant processing waste and scraps					
_					
Nonedible fats, oils and greases derived Other:					
from eligible plant species					
14. Types of Potentially Eligible Crops (Enter all	that apply ONLY if participating with B0	CAP Project Area):			
A. Feed Grains (Non-Title I) Please specify eligi					
(1)	(2)	(3)			
(4)	(5)	(6)			
(4)	(5)	(6)			
(7)	(8)	(9)			
	(-)				
B. Agricultural Commodities (Non-Feed Grain):					
(1)	(2)	(3)			
(0)	(5)	(0)			
(4)	(5)	(6)			
(7)	(8)	(9)			
\· <i>/</i>	(~)	(0)			

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14. Types of Potentially Eligible Crops (Continuation):				
C. Plants and Trees (Non-Agricultural):				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
D. Algae:				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
E. Crop Residue:				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
F. Vegetative Waste Material (Non-Crop):				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
G. Animal Waste and Byproducts:				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
H. Food Waste:				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		
I. Yard Waste:				
(1)	(2)	(3)		
(4)	(5)	(6)		
(7)	(8)	(9)		

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15. Have all the necessary permits been obtained for this facility? Please ch If "NO", explain why.	eck one of the following.	YES	NO		
Harvesting					
16. When (timing/frequency) will the material be harvested?					
PART E - PROTECTED RESOURCES TO BE CONSIDERED (Co.	mpleted by FSA Offices)				
Threatened and Endangered Species					
17. Are there threatened and/or endangered species or critical habitat within the proposed project area?			□ NO		
Cultural Resources					
18. Will tree planting/harvesting be part of this proposed BCAP project area?			□ NO		
Wetlands					
19. Are there known wetlands in or adjacent to the proposed BCAP project area?					
NOTE: If either Items 17, 18, or 19 are answered "YES", then a					
Section 106, U.S. Army Corps of Engineers) may be required during the site specific environmental evaluation. PART F - CERTIFICATION OF OVERVIEW INFORMATION					
I certify that I am authorized to represent the Project Sponsor listed in Item 2A.					
I certify that the information included is true and complete to the best of my knowledge and includes the most accurate annual production estimates that can be made at this date and time.					
I also acknowledge and understand that any false representations or fraudulent claims or misinformation contained on					
this form will be subject to remedies under program authorities and may be in addition to any liability which may be					
incurred under various criminal and civil fraud statutes, including, but not limited to those provided for by 18 U.S.C. 1001 and 15 U.S.C. 714m.					
My signature and endorsement are as follows:					
20A. Print Name Representative	20B. Title				
20C. Signature		20D. Date			
PART H - PRIMARY CONTACT					
21A. Name	21B. Street Address (Including Zip Code)				
21C. Telephone Number (Including Area Code)	21D. Email Address				

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7. Counties to be included in Proposed BCAP Project Area: A. County Name B. State and County Code		
A. County Name	B. State and County Code	