

Oregon Notice FLP-63

Exhibit 6

Emergency Seed Loan Evaluation

Name of Applicant	Case Number		
Proof of Claim Information			
Claim No. Date Filed: Valid Claim: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Claim Sold or Assigned <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Loan Request			
Amount of Emergency Seed Loan requested	Loan Amount	Loan Request Represents	
Adjusted Proof of Claim filed in the ABT bankruptcy	\$ _____	<input type="checkbox"/> 65% or less of Adjusted Proof of Claim	
65% of adjusted Proof of Claim	\$	<input type="checkbox"/> Greater than 65% of Adjusted Proof of Claim	
Purpose and Use of Loan Funds:			
Are the planned use of loan funds authorized <input type="checkbox"/> Yes <input type="checkbox"/> No			
Required Lien Priority:			
<input type="checkbox"/> 1 st lien on 1999 seed crops grown under contract with ABT, general intangibles, contract rights, and receivables any way pertaining to 1999 seed produced under contract with ABT, all of the applicant's monetary interests in the bankruptcy estate of ABT, and claim assignment in the bankruptcy estate of ABT.			
<input type="checkbox"/> Other:			
Adequacy of Form FSA 2261, "Request for Emergency Loan For Seed Producers Program Assistance" and Complete Application Materials:			
Yes No N/A	Form FSA 2261	Yes No N/A	Complete Application Materials
<input type="checkbox"/> <input type="checkbox"/>	Form FSA 2261 completed with all applicable blanks properly completed	<input type="checkbox"/> <input type="checkbox"/>	Balance Sheet recently completed that is dated and signed with proper signatures
<input type="checkbox"/> <input type="checkbox"/>	Loan amount designated	<input type="checkbox"/> <input type="checkbox"/>	Completed copy of Proof of Claim filed & accepted in ABT bankruptcy
<input type="checkbox"/> <input type="checkbox"/>	Intended use of loan funds shown	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Seed Inventory Sheet attached if seed held in applicant's possession
<input type="checkbox"/> <input type="checkbox"/>	Form FSA 2261 signed with proper signatures	<input type="checkbox"/> <input type="checkbox"/>	Copies of ABT contracts
<input type="checkbox"/> <input type="checkbox"/>	Entity Information is attached if applicable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Seed Analysis or Certification Reports
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Schedule of 1999 Seed Inventory sold after Proof of Claim filed
		<input type="checkbox"/> <input type="checkbox"/>	AD-1026 & CPA -026 provided

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Documentation of FSA Credit Officer's Consideration of Applicant Eligibility:			
Yes	No	N/A	Examination of Applicant Eligibility
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p style="text-align: center;">SEED PRODUCER</p> <p>Does the applicant meet the definition of a seed producer by producing a 1999 seed crop for sale to ABT under contract and not yet paid?</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">PREVIOUS FSA DEALINGS</p> <p>Has the applicant (or any entity applicant member) previously provided false or misleading information?</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p style="text-align: center;">FEDERAL DEBT</p> <p>Is applicant (or any entity applicant member) delinquent on a non-IRS Federal debt?</p>
<input checked="" type="checkbox"/>	<input type="checkbox"/>		<p>Does applicant (or any entity applicant member) have an outstanding judgment to the United States?</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">CITIZENSHIP</p> <p>Is the individual applicant a US citizen or legally admitted for permanent residency?</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Is the entity applicant, or any embedded entity, a domestically owned enterprise with the majority of the entity owned by members meeting the citizens test.</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">AUTHORIZATION & LEGAL CAPACITY</p> <p>If an entity, is the entity authorized to operate a farm, (and own a farm if the entity is or will be a farm owner), in the State of Oregon?</p>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Does the applicant (and all entity applicant members) have the legal capacity to incur the obligations of the loan and loan guarantee?</p>
Comments and Recommendations Concerning the proposed loan and security requirements:			
Based on this evaluation, I Recommend:	<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval	FSA Credit Officer's Signature	Title
Based on This Evaluation, I:	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	FSA Loan Approval Official's Signature	Title
			Date