Instructions for the Form BCAP-20, "BIOMASS CROP ASSISTANCE PROGRAM (BCAP) PROJECT AREA PROPOSAL SUBMISSION."

Project sponsors complete the BCAP-20 "Biomass Crop Assistance Program (BCAP) Project Area Proposal Submission Form" as part of their package describing the project area they are proposing for inclusion in BCAP. Project areas are specific geographic areas where certain producers would then be eligible to apply for establishment annual payments under BCAP.

Project sponsors will use the BCAP-20 to provide information required for review of project proposals.

Specifically this form will collect information concerning the proposed project area selection criteria:

- 1. The dry tons of the eligible crops proposed to be produced in the proposed project area and the probability that such crops will be used for BCAP purposes;
- 2. Dry tons of renewable biomass projected to be available from the sources other than the eligible crops grown on contract acres;
- 3. The anticipated economic impact in the proposed project area;
- 4. The opportunity for producers and local investors to participate in the ownership of the biomass conversion facility in the proposed project area;
- 5. The participation rate by beginning or socially disadvantaged farmers and ranchers;
- 6. The impact on soil, water, and related resources;
- 7. The variety in biomass production approaches within a project area, including agronomic conditions, harvest and postharvest practices, and monoculture and polyculture crop mixes;
- 8. The range of eligible crops among project areas; and
- 9. Other additional criteria concerning the project viability and impacts.

For more information please visit the USDA Farm Service Agency's web site at www.fsa.usda.gov/bcap or contact Kelly Novak at 202.720.4053 or cepdmail@wdc.usda.gov.

Project Sponsors must complete "BIOMASS CROP ASSISTANCE PROGRAM (BCAP) PROJECT AREA PROPOSAL SUBMISSION FORM" items 1, and 3 through 13.

Fld Name / Item No.	Instruction
1A USPS State Code	Please record the USPS abbreviation for the State in which the project area is primarily located.
1B	Record the named title of the project proposal.

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Proposed Project Area Name	Recorded name here must match recorded project proposal name on all proposal package forms and studies.
2A	For FSA National office use.
Approved Project Area ID Number	
2B	For FSA National office use.
Date Assigned	
3 Name of Project Sponsor	Record the name of the project sponsor, whether it is a group of producers or biomass conversion facility.
4	Record the number of acres proposed for enrollment in this project area.
Proposed Acreage Limitation	
5A	Record the street address for the project sponsor.
Street Address (Number and Name)	
5B	Record the city for the project sponsor.
City	
5C	Record the state for the project sponsor.
State	

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5D	Record the zip code for the project sponsor.
Zip Code	
5E	Record the mailing address for the project sponsor.
Mailing Address (Include Zip Code)	
6 Telephone Number (Include Area Code)	Record the telephone number for the project sponsor.
7 Email Address	Record the email address for the project sponsor.
8A Name of the Facility Project Area	Record the name of the biomass conversion facility (or facilities) that has submitted a letter of commitment on behalf of the proposed project area.
8B Location of Facility Project Area	Record the physical address (street address and number, city, state and zip code) of the biomass conversion facility (or facilities) that has submitted a letter of commitment on behalf of the proposed project area.
8C (1) – (2)	Select the current qualification status of the biomass conversion facility that is committed to the proposed project area.
Facility Operation Status (Check	Operational will mean that the facility has begun production of a bioenergy conversion process.
Only One)	If the facility is a combined heat and power facility, operational will still be determined by whether or not the production of a bioenergy conversion process has begun.

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	Please provide attachments.
8C (3) – (5)	Select the current qualification status of the biomass conversion facility that is committed to the proposed project area.
Qualified Biomass Conversion Facility (BCF)	To identify whether or not a facility has been qualified under the matching payment component of BCAP please visit <u>www.fsa.usda.gov/bcap</u> for facility listings.
Status (Check Only One)	A facility is determined to be "intending" to be qualified if the facility has already initiated the qualification process by submitting required BCAP-1 form, AD-1047 and Agreement.
	Please provide attachments.
8D If facility is not operational for the conversion of biomass, what is the projected	Please enter the projected date of operation start-up.Operational will mean that the facility has begun production of a bioenergy conversion process.If the facility is a combined heat and power facility, operational will still be determined by whether or not the production of a bioenergy conversion process has begun.
date	Please enter in the following format: DATE (MM-DD-YYYY)
9 A(1) – (6)	Please complete the following for Cropland in the proposed project area:
List All Crops/Acrea ge Proposed for Establishme nt on Cropland	 Designate Crops to be Established (List Common Name and Scientific Name; Crop type of the corresponding crop listed in block (1) Crop type codes are available at the County FSA office and will classify the crop as woody, herbaceous perennial or herbaceous annual; Number of Acres of cropland planted or to be planted for the corresponding crop listed in block (1);

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9 B (1) – (6)	 4.) Estimated Annual Productivity (Dry Tons Per Acre) for the corresponding crop listed in block (1); 5.) (a) The number of acres expected to be established if the corresponding crop in block (1) is a perennial crop; 5.) (b) The number of acres already established if the corresponding crop in block (1) is a perennial crop; and 6.) Record the totals for blocks 3, 4, 5(a) and 5(b). Please complete the following for Non-Crop Agland in the proposed project area: Designate Crops to be Established (List Common Name
List All Crops/Acrea ge Proposed for Establishme nt on Non- Crop Agland	 and Scientific Name; 2.) Crop type of the corresponding crop listed in block (1) Crop type codes are available at the County FSA office and will classify the crop as woody, herbaceous perennial or herbaceous annual; 3.) Number of Acres of non-crop agland planted or to be planted for the corresponding crop listed in block (1); 4.) Estimated Annual Productivity (Dry Tons Per Acre) for the corresponding crop listed in block (1); 5.) (a) The number of acres expected to be established if the corresponding crop in block (1) is a perennial crop; 5.) (b) The number of acres already established if the corresponding crop in block (1) is a perennial crop; 6.) Record the totals for blocks 3, 4, 5(a) and 5(b).
9 C (1) – (6) List All Crops/Acrea ge Proposed for Establishme nt on Non- Industrial	 Please complete the following for Non-Industrial Private Forest Land in the proposed project area: Designate Crops to be Established (List Common Name and Scientific Name; Crop type of the corresponding crop listed in block (1) Crop type codes are available at the County FSA office and will classify the crop as woody, herbaceous perennial, or herbaceous annual; Number of Acres of Non- Industrial Private Forest Land planted or to be planted for the corresponding crop listed in block (1);
Private Forest	4.) Estimated Annual Productivity (Dry Tons Per Acre) for the corresponding crop listed in block (1);

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Land	5.) (a) The number of acres expected to be established if the
	corresponding crop in block (1) is a perennial crop;
	5.) (b) The number of acres already established if the corresponding
	crop in block (1) is a perennial crop; and
	6.) Record the totals for blocks 3, 4, 5(a) and 5(b).
10 A – B	Record the total dry tons of biomass to be used by biomass conversion
Proposed	facilities included in the project areas. Record biomass obtained from
Biomass	non-contract acres as well as from land under BCAP contracts.
Production/	
Utilization	Enter tonnage estimates for each applicable calendar year beginning
Schedule by	after the proposal is approved.
Year	
	The crop-type in 10(B)(2) will be the classification of crops as woody,
	herbaceous perennial, or herbaceous annual. Crop type codes are
	available at the County FSA office.
11	Enter the signature for the representative of the project sponsor.
Authorized	
Representati	
ve for	
Project	
Sponsor	
Signature	
(By)	
12	Enter the signing representative's title that is assigned to the individual
12	by the entity or best reflects the signing representative's role with the
12 Title/Relatio	
	by the entity or best reflects the signing representative's role with the
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Date (MM- DD-YYYY)	