

## AGBMP LOAN APPLICATION

PROJECT APPROVAL AND DISBURSEMENT REQUEST

ORGANIZATION: CHIPPEWA LAND AND RESOURCE MANAGEMENT

### BORROWER INFORMATION:

Name: \_\_\_\_\_ Company: \_\_\_\_\_

"911" Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

PROJECT INFORMATION: On a Farm:  Non-Farm:  Relocation:  Locate project within 10 acres for Twp/R/Sec or PIN on Section Map above. Each square is 10 acres. Check only one.

Brief description of what will be purchased or constructed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Twp #: \_\_\_\_\_

Range: \_\_\_\_\_ Sec: \_\_\_\_\_

Subwatershed: \_\_\_\_\_

**UTM Coordinates:**

X: \_\_\_\_\_

Y: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Borrower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PROJECT BUDGET INFORMATION

### FARM OPERATION INFORMATION

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

  

<b>Beginning Animal Units:</b>	<b>Ending Animal Units:</b>
<b>Primary Animals or Crop Raised:</b>	
<b>Current Con. Till Acres:</b>	
<b>Con-Till Acres after Equip. Purchase:</b>	
<b>Total Acres Farmed:</b>	
<b>REVOLVING FUNDS: <input type="checkbox"/> YES</b>	

Project Approved by: \_\_\_\_\_ Approval Date: \_\_\_\_\_

### COMPLETION OF PROJECT CERTIFICATION

This certifies that the above activity is complete, operable, and in compliance with accepted standards, specifications or criteria. The final payment is authorized.

Completion Approved by: \_\_\_\_\_ Completion Date: \_\_\_\_\_

<b>LENDER REIMBURSEMENT REQUEST:</b>		LGU: Chippewa Land and Resource Management		<b>Contract :</b>	
	Request #1	Request #2	Revolving Funds	Total Loan	Total Project Cost
<b>Reimbursement:</b>	\$	\$	\$	\$	\$
Number of payments per year: _____ Total number of payments: _____					
Bank Name and Address: _____					
Request #1-Lender Signature: _____		Amount: \$ _____		Date: _____	
Request #2-Lender Signature: _____		Amount: \$ _____		Date: _____	
<small>Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements  <b>FAX or MAIL TO:</b> AG BMP LOAN PROGRAM, MINNESOTA DEPARTMENT OF AGRICULTURE, ROOM 211            90 W PLATO BLVD., ST PAUL, MN 55107-2094 Fax: (651) 297-7678</small>					