

AgBMP Loan Application

Project Certification and Disbursement Request

PROJECT APPROVAL AND CERTIFICATION

Organization: Carlton SWCD

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

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:
ISTS – Sewage Systems		
Wells – Other		
Odor Control –Air Quality		
Estimated Total Project Cost (ALL EXPENSES)		\$

Beginning Animal Units:	Ending Animal Units:
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 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: _____

LENDER DISBURSEMENT REQUEST TABLE			LGU: _____		Contract :
	Request #1	Request #2	Revolving Funds	TOTAL LOAN	ACTUAL TOTAL PROJECT COST
REIMBURSEMENT REQUEST:	\$	\$	\$	\$	\$
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: _____	
<p>Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements</p> <p>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</p>					