

<p><b>BCAP-24 U.S. DEPARTMENT OF AGRICULTURE</b> (proposal 11) Commodity Credit Corporation</p> <p style="text-align: center;"><b>BIOMASS CROP ASSISTANCE PROGRAM (BCAP) APPLICATION (Establishment and Annual Payments)</b></p>	1. Farm Number	2. Tract Number(s)
	3. Enrollment Number	4. Enrolled Acres

5A. County Office Name	5. Enrollment Period: FROM (MM-DD-YYYY)	6. Enrollment Period: TO (MM-DD-YYYY)
5B. County Office Street Address	7A. Admin. ST. & CO Code	7B. Phys. Loc. ST & CO Code
5C. City, State, ZIP		

5D. Telephone Number (Include Area Code):	8. Project Area ID Number:
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*THIS Application is for purposes of seeking payments from the Commodity Credit Corporation (referred to as "CCC") on behalf of the undersigned owners, operators, or tenants (who may be referred to as "the Participant".) If accepted the Participant agrees to place the designated acreage into the Biomass Crop Assistance Program ("BCAP") from the date the Application is approved by the CCC. The Participant also agrees to implement on such designated acreage the conservation, forest, stewardship, or equivalent plan for biomass crop production developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant agrees to comply with the terms and conditions contained in this Application including the Appendix to this document entitled Appendix to BCAP-24 Biomass Crop Assistance Program Application (referred to as "Appendix"). By signing below, the Participant acknowledges that a copy of the Appendix has been provided to such person. Such person also agrees to pay such liquidated damages in an amount specified in the Appendix if the Participant removes or modifies acres after application approval. **The terms and conditions of any approval are contained in this form BCAP-24 and in BCAP-24 Appendix, and all related addendum and forms related to participation in the BCAP program. BY SIGNING THIS APPLICATION FOR PAYMENTS PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: BCAP-23; BCAP-24; BCAP-24 APPENDIX AND ANY ADDENDUM THERETO; IF APPLICABLE.***

<p>9A. Annual Rental Rate Per Acre (BCAP-23) \$ _____</p> <p>9B. Total Acres Accepted (BCAP-23) _____</p> <p>9C. Annual Contract Payment (BCAP-23) \$ _____</p> <p>9D. First Year Annual Payment \$ _____</p> <p>9E. Advanced Partial First Year Payment \$ _____</p>	10. Identification of BCAP Land (See Page 2 for additional space)			
	A. Common Land Unit	B. BCAP Practice	C. Acres Accepted	D. Total Estimated Establishment Payment by Field
				\$ _____
				\$ _____
				\$ _____
	<b>E. Total Estimated Establishment Payment</b>			<b>\$ _____</b>

**11. PARTICIPANTS**(If more than three individuals are signing, continue on attachment.)

A(1) Name and Address (Zip Code):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
B(1) Name and Address (Zip Code):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
C(1) Name and Address (Zip Code):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)

<b>12. CCC USE ONLY – Payments according to the shares are approved.</b>	A. Signature of CCC Representative	B. Date (MM-DD-YYYY)
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**NOTE:** 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 review a participant's (must be located within a designated project area) contract 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 review a participant's (must be located within a designated project area) contract 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 10 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.**

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**CONTINUATION OF ITEM 11 – PARTICIPANTS**

<b>11. PARTICIPANTS</b>				
A(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
B(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
C(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
D(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
E(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
F(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
G(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
H(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
I(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
J(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
K(1) Name and Address ( <i>Zip Code</i> ):	(2) Share  %	(3) Signature (By)	(4) Title/Relationship of the Individual if Signing in a Representative Capacity	(5) Date (MM-DD-YYYY)
L(1) Name and Address ( <i>Zip Code</i> ):	(2) Share	(3) Signature (By)	(4) Title/Relationship of the Individual if	(5) Date

	%		Signing in a Representative Capacity	(MM-DD-YYYY)
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