



Agricultural Best Management Practices Loan Program 651-201-6618 Fax: 651-201-6109 AgBMP.Loans@state.mn.us

**AgBMP Loan Application**

County: **Stevens County Environmental Services**

Borrower Information: \_\_\_\_\_ Company: \_\_\_\_\_

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

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

Project Information: On a Farm:  Non-Farm:

Locate project within 10 acres for Twp/R/Sec on Section Map below  
Each square is 10 acres. Check only one.

Brief description of what will be purchased or constructed:

\_\_\_\_\_

\_\_\_\_\_

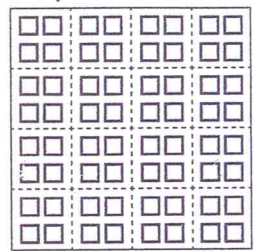
\_\_\_\_\_

\_\_\_\_\_

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

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

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



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

**PROJECT BUDGET INFORMATION**

**FARM OPERATION INFORMATION**

Category	MAX APPROVED Ag BMP Loan
Ag Waste Management	\$
Structural Erosion Control	
Conservation Tillage Equipment	
Sewage Systems	
All Other Practices	

<b>Animal Units:</b> (Facilities with NPDES permits or > 1000 au are ineligible)	Beginning:	Ending:
<b>Primary Animals or Crop Raised:</b>		
<b>Conservation Tillage Acres AFTER project:</b>	_____ acres	
<b>Total Acres Farmed:</b>	_____ acres	
<b>Total Project Cost from all Sources:</b>	\$ _____	
<b>Will this be reported in eLink:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

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

**Completion Certification:** This project is complete, operable, and in compliance with accepted standards, specifications or criteria.

Project completion certified by: \_\_\_\_\_ Date: \_\_\_\_\_

**LENDER INFORMATION & LOAN TERMS**

Local Revolving Funds	TOTAL PROJECT COST
\$ _____	\$ _____
This money will NOT be sent to you.	

Project approval expires on: \_\_\_\_\_

Other restrictions: \_\_\_\_\_

Number of payments per year: \_\_\_\_\_ Loan Amortization: \_\_\_\_\_ Optional Balloon:  None Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Name and Address: \_\_\_\_\_

**Request # 1-** Lender Signature: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
This money WILL be sent to you.

Optional Request # 2 - Lender Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements  
**FAX, SCAN or MAIL TO:** Ag BMP LOAN PROGRAM, Minnesota Department of Agriculture,  
625 Robert St N, St Paul, MN 55155-2538 **Fax: (651) 201-6109 AgBMP.Loans@state.mn.us**

