



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

AgBMP LOAN APPLICATION

County: Big Stone County

Borrower Information: Name: _____ Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Project Information: On a Farm: Non-Farm:

If using PLS, write in T/R/S and mark location of project on Section Map. Each square is 10 acres.

Brief description of what will be purchased or constructed:

PLS

Township #: _____

Range: _____

Section: _____

OR

Lat: _____ Long: _____

Borrower Signature: _____ Date: _____

LOCAL GOVERNMENT APPROVAL

Approved Loan Amount	\$ _____	
Estimated Total Project Cost (all sources)	\$ _____	
Animal Units (Facilities with > 1000 au are ineligible)	Beginning: _____	Ending: _____
Primary Animals or Crop Raised	_____	
Conservation Tillage Acres AFTER Project	_____	
Total Acres Farmed	_____	
Approval Expiration or Additional Restrictions	_____	

Project Approved by: _____ Date: _____

Project Completion Certified by (OPTIONAL): _____ Date: _____

LENDER INFORMATION & LOAN TERMS

06/15

AgBMP Loan Request	\$ _____	Check if Local Revolving Funds are used: <input type="checkbox"/>	
(Optional) Additional Request # _____	\$ _____	Initials: _____	Date: _____
Number of payments per year:	_____		
Total Number of Payments:	_____		
Interest rate (if other 3%): _____ %	(Optional) Balloon Payment Date: _____		
Lender Organization Name	_____		
Lender Address	_____		

Lender Signature: _____ Date: _____

Attach **copies** of the invoices provided by the borrower that support the request for disbursement.
FAX, SCAN OR MAIL to: the AgBMP Loan Program – fax: 651-201-6109 – email: AgBMP.Loans@state.mn.us