



Minnesota Department of Agriculture  
 625 Robert St. N., St. Paul, MN 55155-6120  
[www.mda.state.mn.us/agbmploans](http://www.mda.state.mn.us/agbmploans)

Agricultural Best Management Practices Loan Program 651-201-6618 Fax: 651-201-6109 email: [AgBMP.Loans@state.mn.us](mailto:AgBMP.Loans@state.mn.us)

### AgBMP LOAN APPLICATION

County: \_\_\_\_\_

Borrower Information: (Required for all applications) (One) First Name: \_\_\_\_\_ (One) Last Name: \_\_\_\_\_ (optional) Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Project Information: On a Farm:  Non-Farm:

*If using PLS, write in T/R/S and mark where the project or practice in on the Section Map.  
 Or fill in a Latitude and Longitude of a point on the property near the project or practice.  
 (Please get us within a few acres of where the project or practice resides if you can.)*

Brief description of what will be purchased or constructed and how it helps water quality: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Well Eligibility** Does this project implement Drinking Water Standards?   
 Does this project eliminate Groundwater Pollution?

Is this application for a city, town, or other municipality?  
 Is this application for a facility with an Industrial Waste Permit?

**PLS**  
 Township #: \_\_\_\_\_  
 Range: \_\_\_\_\_  
 Section : \_\_\_\_\_  
 -----OR-----  
 Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 -----OR-----  
 Pin or Parcel #: \_\_\_\_\_

### LOCAL GOVERNMENT APPROVAL (If Pin or Parcel # is used no punctuation marks, county code, or spaces allowed.)

Approved Loan Amount	\$ _____	
Estimated Total Project Cost (all sources)	\$ _____	
Animal Units <small>(Feedlot improvements or manure handling equipment for facilities &gt; 1000 AU that are not in the Mississippi watershed are ineligible)</small>	Beginning: _____	Ending: _____
Primary Livestock	<input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Swine <input type="checkbox"/> Other:	
Primary Crops:	Conservation Tillage Acres AFTER Project: _____	Total Acres Farmed: _____
Approval Expiration and Other Restrictions	_____	

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

Project Completion Certified by (OPTIONAL): \_\_\_\_\_ Date: \_\_\_\_\_

*(LGU's please email this fillable PDF form to the borrowers chosen lender.)*  
*(Most lender contact e-mails address can be found on the AgBMP mapping tool; click LENDER CONTACTS LIST to find your lender email)*

### LENDER INFORMATION & LOAN TERMS

AgBMP Loan Request	\$ _____	Check if Local Revolving Funds are used: <input type="checkbox"/> <small>Funds will not be disbursed if checked.</small>
(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.  
**Please Email fillable PDF and Attachments to: [AgBMP.Loans@state.mn.us](mailto:AgBMP.Loans@state.mn.us)**