



DEPARTMENT OF AGRICULTURE

Minnesota Department of Agriculture
625 Robert St. N., St. Paul, MN 55155-6120
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

AgBMP LOAN APPLICATION

County: _____

(Required for all applications) (One) (One)
Borrower Information: Name: _____ First Name _____ 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 > 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"/> <i>Funds will not be disbursed if checked.</i>
(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