

Agricultural Best Management Practices Loan Application, Project Certification, and Disbursement Request

Organization: Heron Lake Watershed District Lender: Heron Lake Watershed District

PROJECT APPROVAL AND CERTIFICATION

Borrower Information:

Name: _____ Company: _____
 Address: _____ County of Project: _____
 City: _____ State: _____ Zip: _____ Telephone: _____

Project Information: **On a Farm:** **Non-Farm:** **Relocation:**
 Brief description of current practices: _____

Brief description of what will be purchased or constructed: _____

PROJECT BUDGET INFORMATION

Category	SRF	Allocation	MAXIMUM	State Cost Share	Fed. Cost Share	Beginning Animal Units:	Ending Animal Units:
Ag Waste Mgmt. Systems							
Structural Erosion Control						Type of Operation: Current Con. Till Acres: Con. Till Acres after Equip. Purchase: Total Acres Farmed:	
Septic Systems							
Other							
		TOTAL:					

Borrower signature: _____ Date: _____

The funds under this program shall be used in compliance with the federal Clean Water Pollution Control Act, section 446A.07, the Applicant's loan application, the intended use plan, and the Clean Water Partnership work plan. This form certifies that the proposed activity meets a priority need identified in the local comprehensive water management plan, is eligible for funding under the CWP Phase II project, equipment will be used within the Heron Lake Watershed District, is in compliance with accepted standards, specification, or other criteria, and the maximum amount eligible for the project.

Authorized Reviewer: _____ Approval Date: _____

COMPLETION OF ACTIVITY CERTIFICATION

This certifies that the above activity is complete, operable, and in compliance with accepted standards, specifications, or criteria. The final payment is authorized.

Authorized Reviewer: _____ Completion Date: _____

Category	SRF Loan Funds	Allocation Year	Request #1	Request #2	Request #3	Revolving Funds	FINAL TOTAL LOAN
			Date:	Date:	Date:		
Ag Waste Systems							
Conservation Tillage Equipment							
Other							
Totals							
Reimbursement Request:							

Request #1 – Lender Signature: _____ Amount: _____ Date: _____

Request #2 – Lender Signature: _____ Amount: _____ Date: _____

Request #3 – Lender Signature: _____ Amount: _____ Date: _____

Attach copies of the invoices or affidavits provided by the individual borrowers, which support the request for disbursements.