ROSEBUD CONSERVATION DISTRICT
PO BOX 1200
FORSYTH, MT 59327 **Phone: 406-351.8012**
Fax: 406-346-7479 **www.rosebudcd.com**

Rec'd by: ____________________
Date: ____________________

NO-INTEREST LOAN APPLICATION

Applications will be considered on the basis of conservation need and resource benefit. Loan Program funds will be used to develop conservation practices and systems as part of a conservation plan to benefit agricultural land located within the boundaries of the Rosebud Conservation District.

Practices MUST be installed according to NRCS Standards and Specifications.

Loans will be secured by mortgages on real property.

Applicants are required to attend the Conservation District Board meeting when the loan request is considered. Applicants will be notified of the action taken by the Rosebud Conservation District Board of Supervisors. If the loan is approved, instructions regarding loan closing will be provided at that time.

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Please print or type

1. PROJECT:
____

2. Please check one: ( ) Individual ( ) Group
3. Project location by legal description: ________________________________
4. Proposed starting date: ____________________ Proposed completion date: ______________
5. Total acreage in farm or ranch: ______________ Acres to be improved: ________________
6. Please check if any of the following lands will be affected:
( ) State Lands ( ) Forest Service ( ) BLM ( ) Other
7. Amount of loan request: __________________________
8. Proposed repayment schedule: ( ) Ten Year ( ) Five Year ( ) Other
9. Complete and sign the Security Information Sheet attached to this application.

I certify the information I have submitted on the "Security Information Sheet" is correct, and I have reviewed and agree to adhere to the guidelines of the Loan Program as a requirement for and of the loan contract.
Name of Applicant: ____ Phone: ____________

Address: ________________________________ City: ______________ ZIP: ________

Signatures: ____ Date: ____________

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ACTION TAKEN BY ROSEBUD CONSERVATION DISTRICT BOARD OF SUPERVISORS

Approved

____
Chairman

Date: ____________________

Disapproved

____
Chairman

Date: ____________________