

**State of Minnesota  
Minnesota Department of Agriculture  
AgBMP Loan Program  
90 West Plato Blvd.  
St. Paul, MN 55107**

**AFFIDAVIT**

I do hereby certify that the following expenses for implementing approved Ag Best Management Practices Projects will be incurred at the time of loan closing. Loan closing will occur within 30 days of the date of this affidavit.

Name of Individual with approved project: \_\_\_\_\_

Date of Closing	Brief Description ( i.e. company, services provided, materials purchased, serial number etc.)	Total Cost	Eligible Costs for Reimbursement
<b>TOTAL</b>			

Subscribed and sworn before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_  
 \_\_\_\_\_  
 Notary Public  
 My Commission Expires \_\_\_\_\_

Loan Officer Signature:  
 \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

This affidavit is designed for the LOCAL LENDER to summarize cost to be incurred for a cash-on-delivery transaction.