



Nitrogen Reduction Incentive Program (NRIP) Application 2024

Name of Producer: _____

Primary Contact: _____

Primary Contact Phone Number: _____

Primary Contact Email (if available): _____

Tri-Basin Nitrogen Certification Number: _____ Expiration: _____

Are you already enrolled in a federal nutrient management plan? No Yes

If yes, list what program(s) _____

Type of Crop: Corn Sugar Beet Potato

Legal Description (Submit one application per field): _____

Total Acres to Be Enrolled in this field (Limit of 280 acres): _____ Average Yield: _____

Crop Year: _____

Will you apply manure or lagoon water to this field? Yes No

If yes, attach documentation with the known amount of nitrogen in manure or lagoon water.

Do you apply nitrogen in the fall? Yes No

Identify the practice(s)/ product(s) you plan to implement to achieve the 40lbs or 15% reduction of commercial fertilizer by checking a box below. *Note that the below options represent a ranked list, and practices/products are subject to individual NRD approval.

- Implementation of a Nitrogen Use Efficiency Technology (Example: *N-Time*)
- Reduction in Nitrogen Application
- Implementation of a Nitrogen Stabilizer (Example: *Agrotain*)
- Implementation of Biological Nutrition (Example: *Proven40*)
- Other Please Describe _____

Select type of documentation that will be used to determine baseline and to evaluate nitrogen reduction:

- TBNRD or producer crop reports (Phase II & III Groundwater Quality Areas & WHPA)
- Submit all data required on local TBNRD phase reports for the prior 3 growing seasons (Other Irrigated Land)
- Complete soil sampling, as established by TBNRD, prior to the cropping season (Dryland Acres)

*Please note that TBNRD may require additional information.

Applicant certification and agreement: I certify that the items for which payment is claimed were furnished under the authority of the law and that the charges are reasonable proper and correct, and no part of the claim has already been paid. I further certify that I am the producer/owner of the above described property and agree that, if I am unable to provide the documentation required to demonstrate a reduction in Nitrogen fertilizer use in a timely manner, the NRD may withhold payment.

Applicant Signature (Receiving I099): _____ Date: _____

TBNRD Signature: _____ Date: _____