Nitrogen Reduction Incentive Act (NiRIA) Program Application 2024

| Name of Producer: | | | |
|---|-------------------------------------|-----------------------|-------------------------------|
| Primary Contact: | | | |
| Primary Contact Phone Number: | | | |
| Primary Contact Email (if available): | : | | |
| Name of Natural Resources District | (NRD): | | |
| Are you already enrolled in a federal If yes, list what program(s) | | | □Yes |
| Type of Crop: □Corr Legal Description (Submit one applie | n □Sugar Beet cation per field): | | |
| Total Acres to Be Enrolled in this fiel | d (Limit of 280 acres): | | . Average Yield: |
| Crop Year: | | | |
| Will you apply manure or lagoon was | | | oon water. |
| Do you apply nitrogen in the fall? | □Yes | □No | |
| Identify the practice(s)/ product(s) y commercial fertilizer by checking a practices/products are subject to income | box below. *Note that the be | | |
| ☐ Reduction in Nitrogen Application | | | |
| ☐ Implementation of Biological Nutrition (Example: <i>Proven40</i>) | | | |
| \square Implementation of a Nitrogen Use | Efficiency Technology (Exan | nple: <i>N-Time</i>) | |
| ☐ Implementation of a Nitrogen Stal☐ Other Please Describe | , , , | | |
| Select type of documentation that w | vill be used to determine base | eline and to eva | aluate nitrogen reduction: |
| ☐ NRD or producer crop reports (Pri | ority A Areas) | | |
| ☐ Submit all data required on local N | NRD phase reports for the pric | or 3 growing se | asons (Priority B or C Areas) |
| ☐ Complete soil sampling, as establ | ished by the NRD, prior to the | cropping seas | on (Priority B or C Areas) |
| *Please note that individual NRDs may r | equire additional information. | | |
| Applicant Signature (Receiving 1099 | 9): | | Date: |
| NRD Signature: | | Date: | |

