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:	

