

# NRD SENSOR BASED NUTRIENT MANAGEMENT COST SHARE PROGRAM

The purpose of the sensor based management program is to introduce producers to data driven nitrogen management.

**LANDOWNER:** \_\_\_\_\_ **SOCIAL SECURITY NO.:** \_\_\_\_\_  
**or OPERATOR**  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
 \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Chemigation Permit # (s)** \_\_\_\_\_ **County:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Operator:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_ 1/4, **SECTION** \_\_\_\_\_ **TOWNSHIP** \_\_\_\_\_ **RANGE** \_\_\_\_\_

**This application will not be effective until approved by the NRD:** *All applications must be approved before project can be started.* Claims for payment will not be accepted more than five months after growing season has been applied for. Claims for payment submitted but being held subject to compliance with all rules and regulations of the NRD programs shall be held only up to 90 days. After 90 days, the claim for payment shall be considered void and the original application cancelled. Cost share is \$6.75/acre. Must be enrolled with an approved supplier. A final report must be provided by supplier, prior to payment. Applications are accepted on a first-come, first serve basis, with priority given to those using a chemigation system. Each landowner/operator is eligible to sign up two fields (80 acres minimum) one-time per lifetime.

APPLICANT'S REQUEST			PERFORMED		
ACRES	PRICE	APPROVED	ACRES	PRICE	TO BE PAID

**APPLICATION:** I understand that I must be in compliance with all rules and regulations of the Natural Resources District programs, both at the time of application in order to receive approval, and at the time of completion in order to receive payment

**LANDOWNER CERTIFICATION:** I certify that the items for which payment is claimed are reasonable, proper, and correct and no part of the claim has been paid. If unable to fulfill the commitment, a portion of the claim amount shall be refunded to the NRD.

I certify that I accept all responsibility for any activities associated with this.

\_\_\_\_\_  
 Operator Date

**APPLICATION APPROVAL:**  
 The NRD Board of Directors approved the Applicant's request and hereby obligate \$ \_\_\_\_\_

\_\_\_\_\_  
 NRD Representative Date

Office Use Only:

Record # \_\_\_\_\_

Compliance \_\_\_\_\_

Bills Paid \_\_\_\_\_

\_\_\_\_\_  
 Operator Date

**COMPLETION AND CERTIFICATION**

Final Report Received: \_\_\_\_\_

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NRD Representative Date

Amount To Pay: \_\_\_\_\_

**COMPLETION AND CERTIFICATION YEAR 2**

Final Report Received: \_\_\_\_\_

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NRD Representative Date

Amount To Pay: \_\_\_\_\_

Note: Cost share payments are considered taxable income. Recipients of total payments of \$2,000 or more in a calendar year will receive a Federal Form 1099.