



UPPER BIG BLUE

Natural Resources District

NRD USE ONLY
 APPLICATION #: _____
 DATE RECEIVED: _____
 COOPERATOR #: _____

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 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 do not represent a ranked list and practices/products are subject to individual NRD approval.

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

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

- NRD or producer crop reports (Priority A Areas)
- Submit all data required on local NRD phase reports for the prior 3 growing seasons (Priority B or C Areas)
- Complete soil sampling, as established by the NRD, prior to the cropping season (Priority B or C Areas)

Applicant Signature (Receiving 1099): _____ Date: _____

NRD Signature: _____ Date: _____



**UPPER BIG BLUE
Natural Resources District**

319 East 25th Street
York, Nebraska 68467

402-362-6601
Fax: 402-362-1849
www.upperbigblue.org

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

NRD Coop. # _____
Upper Big Blue NRD Use Only

Last Name

First Name

Middle Name