

LOWER NIOBRARA NATURAL RESOURCES DISTRICT REQUEST FOR PAYMENT

NITROGEN MANAGEMENT PROGRAM APPLICATION

LANDOWNER	ADDRESS
CITY	STATE
PHONE NUMBER	ZIP
	SOCIAL SECURITY NUMBER

LEGAL DESCRIPTION: _____ 1/4 SEC. _____ TWP. _____ RGE. _____

DESCRIPTION OF PRACTICE	EXTENT REQUESTED	RATE	PAYMENT APPROVED	EXTENT PERFORMED	RATE	PAYMENT AMOUNT

FARMER OR RANCHER CERTIFICATION

I request incentive payment under the NRD Program to perform the practice shown above. The practice is needed to conserve soil and water resources on the farm identified above. I hereby declare that I am receiving no other cost-share or subsidy for this practice except as known and approved by the NRD.

Signature of Cooperator:	Date
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The conservation needs and the farmers conservation plans for this farm have been considered. The NRD Board approves the payment shown under payment approved for this practice.

Signature of NRD Representative:	Date
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Final Amount Approved _____	
Signature of NRD Representative:	Date

For Office Use Only:

Date Paid _____

Check # _____

Amount _____

NRD approval must be received prior to sampling.

Cost share payment will be based on the availability of Water Quality Funding.