

## Nitrogen Reduction Incentive Act Policy

Applications will be prioritized based on the categories below:

1. Fields located in a Wellhead Protection Area (10 pts) and/or Phase 3 Area (10 pts)
  - a. Irrigated field (1 pt)
  - b. Dryland field (0 pt)
2. Fields located in a Phase 2 Area (5 pts), Bazile Groundwater Management Area (5 pts), and/or Willow Creek Watershed (5 pts).
  - a. Irrigated field (1 pt)
  - b. Dryland field (0 pt)
3. Other irrigated fields within the LENRD (4 pts)
4. Other dryland fields within the LENRD (3 pts)

Applications for irrigated fields will be prioritized based on irrigation water sample results as below:

- Nitrate (NO<sub>3</sub>) in latest irrigation water sample >9.5 mg/l (3 pts)
- Nitrate (NO<sub>3</sub>) in latest irrigation water sample >7 mg/l (2 pts)
- Nitrate (NO<sub>3</sub>) in latest irrigation water sample >4.5 mg/l (1 pt)

Dryland fields will be prioritized based on LENRD information by township as below:

- Average nitrate (NO<sub>3</sub>) of irrigation water samples in the same township >9.5 mg/l (3 pts)
- Average nitrate (NO<sub>3</sub>) of irrigation water samples in the same township >7 mg/l (2 pts)
- Average nitrate (NO<sub>3</sub>) of irrigation water samples in the same township >4.5 mg/l (1 pt)

In the event a tie breaker is necessary, applications will additionally be ranked based on date/time submitted.

### Additional Information to be submitted with the application

- Application form, supplemental questionnaire, W-9
- Documentation of all nitrogen fertilizer applied for the same crop most recently grown
- Irrigation water analysis results (irrigated fields and dryland corners only)
- Haney soil test for upcoming crop year
  - **Additional 1 point applied to ranking if soil test has been completed prior to application**

### Information to be submitted prior to payment

- Nitrogen application report utilizing forms provided by LENRD
- Invoices for products utilized, if applicable
- Any additional information necessary for the LENRD to verify required nitrogen reduction was achieved

# LENRD Nitrogen Reduction Incentive Act Instructions

## Required Application Materials

### Phase Area Fields

- Nitrogen Reduction Incentive Act Program Application (2 pages)
- W9 form
- Map of field(s)
- Phase 2 or 3 Crop Reports for the last 3 years will be averaged to get baseline N application rate
- Irrigation water analysis results (if applicable)

### Non Phase Area Fields

- Nitrogen Reduction Incentive Act Program Application (2 pages)
- W9 form
- Map of field(s)
- Irrigation water analysis results (if applicable and available)
- Haney soil test OR Soil Health Assessment test from Ward Labs OR Soil Complete Health test from Midwest Labs
  - Results of soil test will be used in conjunction with UNL Nitrogen Algorithm to calculate baseline N application rate
  - If field is part of an NRCS Nutrient Management contract, the previous report for corn crop can be used in place of Haney soil test to determine baseline N application rate

## Notification of Approval

Applications must be submitted prior to **January 15, 2025**

Applicants will be notified whether or not they are approved no later than

**March 15, 2025**

## Cost Share Payment

If your application is approved, the following documentation will be required prior to **January 15, 2026** in order to receive payment:

- 2025 Crop Report showing reduction in commercial fertilizer use of 40 lbs or 15% (whichever is less)
- Invoice(s) or other proof of use of practice/product used to achieve the nitrogen reduction

# Nitrogen Reduction Incentive Act (NiRIA) Program Application

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)

\*Please note that individual NRDs may require additional information.

Applicant Signature (Receiving 1099): \_\_\_\_\_ Date: \_\_\_\_\_

NRD Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## NiRIA Program Application Page 2 Lower Elkhorn Natural Resources District

**- Office Use Only -**

Date Application Received _____	Time Received _____	Application ID 24-_____
Application Received By _____	Date Crop Reports Received _____	
Date Irrigation Sample Results Received _____	Date Soil Test Results Received _____	

**Primary Contact Mailing Address:** \_\_\_\_\_

**Is the field Irrigated**       Yes       No

If yes, well registration number G-\_\_\_\_\_

**Is the field located in a Wellhead Protection Area**       Yes       No

**Is the field located in a Phase 3 Area**       Yes       No

**Is the field located in a Phase 2 Area**       Yes       No

**Is the field located in the Bazile Groundwater Management Area**       Yes       No

**Is the field located in the Willow Creek Watershed**       Yes       No

**If the field is irrigated, or associated with an irrigated field (i.e. dryland corners), what were the results of the latest irrigation water nitrate (NO3) sample \_\_\_\_\_ Year sample was taken \_\_\_\_\_**



# STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

## PLEASE SUBMIT FORM TO INVOICED AGENCY

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only **one** of the following boxes:

- Individual  
  Sole proprietor  
  C Corporation  
  S Corporation  
  Partnership  
  Trust/Estate  
 Non-Profit Entity  
  Government (Local, State or Federal)  
 Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) \_\_\_\_\_  
 Other (see instructions) \_\_\_\_\_

**Note:** Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

**4** Exemptions (see instructions): Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**5** Address: \_\_\_\_\_ Remit Address (if different): \_\_\_\_\_

**6** City, state, and ZIP code \_\_\_\_\_ City, state, and ZIP code \_\_\_\_\_

**Taxpayer Identification Number (TIN):**

Social Security Number (SSN): \_\_\_\_\_ **OR** Employer Identification Number (EIN): \_\_\_\_\_

**Certification:**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.**

Signature of US Person: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Comments or Business/Entity Notes:

**ACH Enrollment:** (Rev. December 2014)     Initial Setup     Change     Close Account

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: \_\_\_\_\_

**E-mail:** \_\_\_\_\_  
(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	<b>Attachment Required!</b> (Select and attach <b>one</b> of the following items for verification):
Printed Name:	
Title:	
Date	
	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
	<input type="checkbox"/> Letter or statement from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

**Internal Use Only:**