

SENSOR BASED NUTRIENT MANAGEMENT COST SHARE PROGRAM

Revised (02/27/26)

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

LANDOWNER: _____ or OPERATOR ADDRESS: _____ _____ Chemigation Permit # (s) _____ Email: _____ LOCATION: _____ 1/4, _____ SECTION _____ TOWNSHIP _____ RANGE _____	SOCIAL SECURITY NO: _____ PHONE: _____ Cell Phone: _____ County: _____ Operator: _____
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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 applied for. Claims for payment submitted but being held subject to compliance with all rules and regulations of the Central Platte 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 \$13.50/acre with a 2-year commitment. Must be enrolled with an approved supplier.

Final report must be provided by supplier on an annual basis, prior to payment.

After year one, 1/3 of the cost share will be paid. After year two, the remaining 2/3 of the cost share will be paid.

Applications are accepted on a first come, first serve basis, with priority given to those using a chemigation system.

Land must be Pivot or SDI Irrigated, gravity irrigated fields are not eligible.

Each landowner/operator is eligible to sign-up two fields (320 acres max) 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 Central Platte Natural Resources District's 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 two year commitment, a portion of the claim amount shall be refunded to the CPNRD.

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

Operator _____ Date _____

Operator _____ Date _____

APPLICATION APPROVAL:

The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate \$ _____

NRD Representative _____ Date _____

Office Use Only:

Record # _____

Compliance _____

Bills Paid _____

COMPLETION AND CERTIFICATION: YEAR 1

Final Report Received: _____

NRD Representative _____ Date _____

Amount To Pay: _____

COMPLETION AND CERTIFICATION: YEAR 2

Final Report Received: _____

NRD Representative _____ Date _____

Amount To Pay: _____