

Nitrogen Reduction Incentive Act Program Application

There is a limit of 160 acres per application, but you may have more than one application*

Name & Address of Producer: _____

Primary Contact: _____

Primary Contact Phone Number: _____

Primary Contact Email (if available): _____

Name of Natural Resources District (NRD): _____

Legal Description (Submit one application per field): _____

Field Name(s): _____

Crop Year: **2026** Total Acres to Be Enrolled (Limit of 160 acres per application): _____

Total Number of Dryland Acres: _____ Total Number of NRD Certified Irrigated Acres: _____

Current Crop: ☐Corn ☐Sugar Beet ☐Wheat ☐Potato

Previous Crop: _____

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

Did you participate in the 2025 NiRIA program?

☐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

☐ Implementation of Technology Utilizing Nitrogen Timing and/or Rate

☐ Implementation of a Nitrogen Stabilizer

☐ Other, Please Describe _____

Select the type of documentation that will be used to determine baseline and to evaluate nitrogen reduction*.

Producers that successfully participated in the 2025 NiRIA program may participate in the 2026 NiRIA program, if reductions are on different fields. *Please note that individual NRDs may require additional information.

☐ 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: _____

*By participating in this program, I acknowledge that the data I provide may be shared with the local NRD, the Corn Board, and DWEE for the purpose of program administration, resource management, and reporting.

