

2020 Benton-Tama Nutrient Reduction Project Practice Request

Applicant

Name:

Check One: Owner Tenant Agent POA

Phone:

Check One: Sole Proprietor Corp Partnership

Email:

Location of Practice: **(Attach Map)**

Landowner:

Tract:

Township:

Section, 1/4:

Tier:

Range:

Practice		Rate	Not to Exceed	Acres	Total Cost	Total Incentive
Nitrification Inhibitor	Add N-inhibitor to Fall Nitrogen	\$6/Ac	\$3,500*			
Prairie Strips	Add diverse prairie strips within fields	\$150/Ac	10 Acres*			
Tillage	Conservation Tillage >40%	\$6/Ac	\$3,500*			
	No Till/Strip Till	\$10/Ac	\$3,500*			
Cover Crop	Winter Hardy, Non-Winter Hardy, or Species Mix	\$25/Ac	160 Acres			
Other						
Total Incentive Acres and Payment		---	---			

****Benton-Tama Nutrient/Tillage/Prairie Strip Practices have a combined cap of \$3,500 per participant per year.**

You have chosen to request financial assistance with the Benton County Soil & Water Conservation District and IDALS Division of Soil Conservation and Water Quality. To best process your request, there are a few things you should understand before proceeding. All financial assistance programs have eligibility requirements. If you are eligible for financial assistance, any practices tied to your account will be bound by a **maintenance agreement that can be in effect for as long as 20 years**. By applying for assistance, **you will be granting district representatives the right of ingress and egress to your land so that they may process your request**. If you are applying as a business, corporation, agent or representative, **you MUST provide documentation indicating that you have the authority to sign for that person or entity**. This documentation can be in the form of a POA, Corporation By-Laws, Trust or Partnership papers or other legal documentation. If the documentation is other than a POA you must mark on the documents where the authority is granted. *Your application will NOT be processed until this documentation is presented.*

If you agree to the above statement, please sign here:

Name: _____ **Date:** _____

Return this form and a signed W-9 to: Benton SWCD, 1705 West D St., Vinton, IA 52349