

Nutrient Management Plan (NMP) Grant Program

NMP Technical Certification Form

(This form is to be filled out as claim for payment by active NMP Grant Recipients)

I. Grant Recipient Information

Grant Recipient Name _____

Mailing Address _____

Phone (____) _____ - _____ Fax (____) _____ - _____ Email _____

II. NMP Information Verification

• **Acreage:** corn _____ hay _____ pasture _____ total acres _____

• **Field and Waste Information (Please indicate whether or not the following are present and up to date in your NMP)**

Field Information (information must be present for each field):

Soil maps: Yes No

Phosphorous Index (PI): Yes No

Nitrate Leaching Index (NI): Yes No

Current soil tests: Yes No

Number of soil tests taken for this update or development: _____

Crop nutrient calculations: Yes No

Crop nutrient recommendations: Yes No

Waste and nutrient application records: Yes No

Manure and Waste Information (includes all waste storage facilities, animals and other wastes):

Manure and waste generation calculations present: Yes No

Current waste storage facility (WSF) test(s): Yes No

Number of WSF test(s) taken for this update or development: _____

III. Grant Recipient Signature and Technical Service Provider (TSP) Information

I, _____, hereby certify that the information contained in this NMP Technical Certification Form is, to the best of my knowledge and belief, true, accurate and complete, and I may be subject to the criminal sanctions of 13 V.S.A. § 3016 for false, misleading, or untrue representations on this form. I also acknowledge that this NMP will be implemented to the best ability possible. Repayment of grant monies to the state may be required and ineligibility for this program may occur for improper NMP implementation and enforcement action may occur if state regulations are not followed.

Signature of Grant Recipient _____ Date _____

Name of Technical Service Provider that assisted with the development or update of this plan:
