



AGRICULTURAL VOLUNTARY INCENTIVES PROGRAM APPLICATION

APPLICANT INFORMATION

OPERATION NAME:	
OWNER(S):	
MAILING ADDRESS (Complete):	
COUNTY:	
PHONE NUMBER:	
EMAIL:	
TYPE OF OPERATION I.e., dairy, beef feedlot etc.	

OPERATION INFORMATION

How many acres are included in your operation?

CROP	PASTURE	HEADQUARTERS	TOTAL

*a site visit may be required to determine if pasture acres are eligible for enrollment

ANIMAL TYPE	NUMBERS

Do you apply manure to fields? Yes No

If yes, list total acres: _____

Do you apply commercial fertilizer to crop fields? Yes No

If yes, list total acres: _____

How are crop & pasture fields irrigated? (list all that apply)

Has your operation ever had a CNMP (comprehensive nutrient management plan) written?

Yes No

If yes, list the approximate date it was last reviewed? _____

Do you have adequate manure storage and handling capacity? Yes No

If not, what additional improvements are needed? _____

Do you have current (check all that apply)?

Soil Tests: Manure Tests:

Compost Tests: Plant Tissue Tests:

Do you agree to follow a CNMP for all acres enrolled in AgVIP after the 3-year contract period?

Yes No

LOCATION INFORMATION

**A map of your operation must be included with this application.
(google maps, FSA maps, GPS coordinates or other maps are acceptable)**

List the nearest water body to your operation: _____

Do any of your crop fields border a water body (i.e. canals, streams, rivers, ponds, lakes)?

Yes No

SIGNATURE

Cooperator: _____ Date: _____

**By signing this application, the applicant verifies that the information provided is correct and accurate to the best of their knowledge.*