



DELAWARE DEPARTMENT OF
AGRICULTURE

2320 SOUTH DUPONT HIGHWAY
DOVER, DELAWARE 19901
AGRICULTURE.DELAWARE.GOV

FOR INTERNAL USE ONLY:

ID : _____

Approved: _____ Disapproved: _____

By: _____ Date: _____

Voucher ID: _____

TELEPHONE: (302) 698-4500
TOLL FREE: (800) 282-8685
FAX: (302) 697-6287

NUTRIENT MANAGEMENT PLAN CLAIM FORM

Instructions: Please complete **one claim form for each individual Nutrient Management Plan (NMP) or No Land CAFO plan**. All fields are required to be completed unless denoted "if applicable." All claims are **due no later than May 1st** of each calendar year to ensure funding.

APPLICATION CHECKLIST

- Nutrient Management Credits:** You must be current and up-to-date on credits in order to receive your claim. You can view your earned credits on our website: <https://dda.my.site.com/nutrientmanagement/s/>.
- Registered as a State Vendor:** You will be asked to provide your E-Supplier ID below. This is the identification number you get when registering as a state vendor. Go to the following link to register if you have not already done so: <https://esupplier.erp.delaware.gov/>.
- Invoice:** An invoice for the amount paid for your plan must be included with each claim.

APPLICANT

Applicant Name:		Phone:
Farm/Operation Name:		
Address:		
City, State, Zip Code:		
Email:		
Nutrient Management Certification Number:		
E-Supplier ID:		

PLAN INFORMATION

Consultant Name:		Phone:
Consultant Company:		
Consultant Certification Number:		
Start Date of Plan:		
Length of Plan:	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year
Number of Acres Included in Plan:		
Animal Type and Number of Each (if applicable):	# of Poultry:	# of Dairy: # of Beef: # of Swine: # of Other:
Date of Most Recent CAFO Notice of Intent (if applicable):		

WATERSHED INFORMATION

List the watershed name and percentage of acres for each watershed included in this Nutrient Management Plan or CAFO plan.

Watershed Name	Percentage of Total Acreage

CLAIM FOR PAYMENT

Calculate your claim amount based on your plan type and length of plan below:

1 Year NMP

Acreage	Your Acres - Base	=	x	Rate	=	+ Base Rate	= Total Claim
Less than 500 acres	_____ - 0	=	_____	x \$1.90	=	_____ + \$0	= _____
501-1000 acres	_____ - 500	=	_____	x \$1.50	=	_____ + \$950	= _____
1001-2000 acres	_____ - 1000	=	_____	x \$1.30	=	_____ + \$1,700	= _____
More than 2000 acres	_____ - 2000	=	_____	x \$1.10	=	_____ + \$3,000	= _____

3 Year NMP

Acreage	Your Acres - Base	=	x	Rate	=	+ Base Rate	= Total Claim
Less than 500 acres	_____ - 0	=	_____	x \$5.70	=	_____ + \$0	= _____
501-1000 acres	_____ - 500	=	_____	x \$4.50	=	_____ + \$2,850	= _____
1001-2000 acres	_____ - 1000	=	_____	x \$3.90	=	_____ + \$5,100	= _____
More than 2000 acres	_____ - 2000	=	_____	x \$3.30	=	_____ + \$9,000	= _____

No Land CAFO Plan

No Land CAFO		\$500 flat rate	= _____
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The undersigned agree to indemnify and hold harmless the Delaware Department of Agriculture and the Delaware Nutrient Management Commission from any liability resulting from the utilization of program funds. Failure to comply with the terms of the Delaware Nutrient Management Plan Cost Share Program or any other nutrient management plan funding program may result in exclusion from payment of claims and liability for returning the full amount of claims paid. Funds are dependent on allocation and priorities by the Delaware Nutrient Management Commission for any practical reason.

Signature (Applicant)

Date

Signature (Certified Consultant)

Date