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| DATCP-BLWR-009 (09/2022) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementPO Box 8911 Madison, WI 53708-8911Phone: (608) 224-4648  |
| 2023 DATCP Commercial Nitrogen Optimization Pilot Program Proposal |
| DEADLINE: January 31, 2023 |
| Section 92.14 (16) Wis. Stats, and section ATCP 52.08 to 52.14 |
| Any personally identifiable information, as defined under s. 19.62(5), Stats., requested on this form may be used for purposes other than that for which it is originally being collected (s. 15.04 (1) (m), Wis. Stats.). Confidentiality of this information will be maintained to the extent authorized by law. |

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| GENERAL PROJECT INFORMATION |
| Applicant (Select one): [ ] Single Agricultural Producer  [ ] Producer-Led Group [ ] Interest Group / Association  [ ] Agricultural Service Provider  [ ] University Research Provider [ ] Other Entity (Please Describe)       How many producers will you be collaborating with?       |
| Applicant Name       |
| Applicant Mailing Address      | City      | State      | Zip      |
| On-Site / Project Contact Name       | Email      | Phone Number        |
| Agricultural Producer 1 (if not applicant)       | Email      | Phone Number        |
| Mailing Address of Agricultural Producer 1      | City      | State      | Zip      |
| Agricultural Producer 2 (if not applicant)       | Email      | Phone Number       |
| Mailing Address of Agricultural Producer 2      | City      | State      | Zip      |
| Agricultural Producer 3 (if not applicant)       | Email      | Phone Number       |
| Mailing Address of Agricultural Producer 3      | City      | State      | Zip      |
| Agricultural Producer 4 (if not applicant)       | Email      | Phone Number       |
| Mailing Address of Agricultural Producer 4      | City      | State      | Zip      |

***Add pages with contact information for additional agricultural producers if needed.***

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| **Fiscal Manager** (if not applicant). Must be a legal entity with a SSN or employee tax ID  | Name       | Email       |
| **Contract Signer (**if applicant is not a single agricultural producer). Must have legal authority to enter into a contract.  | Name       | Email       |
| Title       |

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| **Requested Grant Amount** ($50,000 maximum per agricultural producer)**:**  | $      |

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| Project Title (12 words or less):       |

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| **PROJECT LOCATION** |
| Please provide a GPS point (latitude/longitude) for the project location and a map with county boundaries, project area, parcel numbers (if available), and field numbers (if available). This information must be provided for each agricultural producer who is part of the project. |

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| **ORGANIZATION AND COLLABORATOR ROLES****If applicable**, enter the entity you are working with in the respective blank below. Please include a letter of commitment from this organization agreeing to be a partner for the two-year project. |
| PRODUCER-LED GROUP      | COUNTY LCD       | NON-PROFIT /ASSOCIATION       |
| AG SERVICE PROVIDER       | UW RESEARCH PROVIDER       | OTHER       |
| **Role of collaborating entity** (select all that apply)[ ] Design and individualization of research projects[ ] Project management and execution[ ] Financial management [ ] Data collection and reporting[ ] Other       |

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| **FARM PRODUCTION INFORMATION**Identify the types of farming operation(s) participating in this project. Please list all agricultural producers in the same order as page one, note types of livestock or crops, and include grazing acres or other noteworthy activities. |
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| **Farm** | **Total Farm Acres** | **NM Plan (Y/N)** | **Livestock****Types** | **Row Crop****Types** | **Specialty Crop****Types** | **Grazing (acres)** | **Other (Please list)** |
| **1** |       |       |       |       |       |       |       |
| **2** |       |       |       |       |       |       |       |
| **3** |       |       |       |       |       |       |       |
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| **NITROGEN OPTIMIZATION FIELD STUDIES**Please select one of the following for the project design for 2023-2025 application. See RFP for more details about each option. ***The information for this section (study summary, research methods and design, and timeline/workplan) can be typed in a separate document and submitted with the rest of the application package, if preferred.*** |
| **OPTION 1: Nitrogen Rate Field Study** [ ] The goal of this study is to identify the optimum N rate on a specific field that sustains crop production and soil fertility.**OPTION 2: Nitrogen Rate Field Study + Management Practice Evaluation** [ ] The goal of this study is to compare how different management practices influence the optimal N rate.**OPTION 3: Advanced Self-Design Study** [ ] The goal of this study is for agricultural producers to propose a nitrogen optimization study.  |
| **University of Wisconsin System Contact for Research Design** (name and title provided by UW – see RFP**)**       |
| **Study Summary:** Describe **what** you are planning to study, including the specific topic of your proposed research, the central question(s) the research will address, and any expected findings or results. Discuss the use of technology, geography and geology of the project area, and planned work with any collaborators. Please identify if there are any known current water quality research projects in the same area or nearby. If including multiple agricultural producers, explain any differences in the proposed research for each producer. |
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| **Research Design and Methods:** Describe **how** you are planning to conduct your study and address each of the questions below. If the project includes multiple agricultural producers, please describe variations for each producer, as applicable.* What is the location and size of the field/research plot? How and why was the location selected?
* What is the control treatment?
* What nitrogen application rates will be tested? (projects must include at least three rates in addition to one zero-N strip)
* What are the replication plans?
* What are the randomization plans?
* What management option is being tested (if any)?
* Describe any other research design and methods not covered above.
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| **Project Timelines/Workplan:** Explain **when** will the various study components will take place including planning, planting, nitrogen applications, data collection, reporting, administrative tasks, etc. If the project includes multiple agricultural producers, please outline timeline variations for each producer (if any).**Year 1**      **Year 2**       |

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| **QUALIFICATIONS (Provide the following information for the project manager)** |
| Project Manager  |       |
| Describe expertise, including previous on-farm research experiences (if any).       |
| Do you agree to work with the University of Wisconsin institutions and complete the data collection required for this project?       |

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| **ADDITIONAL INFORMATION** |
| Please provide any additional details about your project that will help reviewers assess your project need and merit. This could include, but is not limited to:* Partnerships with other agencies, agricultural groups, or agricultural professionals to strengthen and leverage your efforts (ex. Implement dealers, crop consultants, UW-Extension agents, etc.). Letters of support are welcome.
* Incorporation of nutrient management
* Unique attributes of your research proposal, such as having an environmentally-sensitive location, being part of other ongoing research efforts, or utilizing a specialty crop.
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| ESTIMATED PROJECT BUDGET – *add additional pages or lines if needed* |
| Category 1: UW System Institution – Mandatory 20% of Award |
| UW Collaborator | Project Role | Payment | Matching(Optional) | Total Cost |
| UW Extension | Monitoring and Data Analysis | 20% of Award |  | $      |
| Category 2: Incentives & Stipends May include a participation incentive per producer (maximum of $2,500 per producer) and a stipend for zero-N strip(s) based on applicant calculation of estimated yield loss. |
| Name of Ag Producer | Payment | Matching (Optional) | Total Cost |
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| Category 3: Consultant Services/Subcontractors |
| Service Professional | # of Hrs. | Hourly rate | Grant Payment(Can reimburse up to $25/hr) | Matching (Optional) | Total Cost |
|       |       |       |       |       |       |
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| Category 4: Equipment Purchase, Lease or Rental; Supplies & Materials |
| Item Description (include lease or purchase intent) | # of units | Unit Cost | Grant | Matching (Optional) | Total Cost |
|       |       |       |       |       |       |
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| Category 5: Miscellaneous |
| Item Description | # of units | Unit Cost | Grant | Matching (Optional) | Total Cost |
|       |       |       |       |       |       |
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| Total Costs (Requests cannot exceed $50,000 per agricultural producer) | **Grant** | **Match (optional)** | **Total Project Cost** |
|       |       |       |

\*Matching funds are optional but may be used as a consideration in the scoring process. Any matching funds must be proven with expense receipts, time sheets or other means as would grant expenses when requesting reimbursement.

A complete application will include:

* A complete application form
* A map as described on page 2
* A complete list of all agricultural producers associated with group applications
* A project timeline
* Signatures from agricultural producers and/or applicants

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| Electronic signature(s) of project lead and/or fiscal manager. By signing this application, I certify (1) to the qualification of the agricultural producer identified in this application and their commitment to meeting all federal, state, or local laws, ordinances, regulations and conservation compliance; and, (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that false statements or misrepresentations may subject me to legal action by DATCP.  |
|        |       |       |
| Lead Contact | Signature (type) | Date |
|        |       |       |
| Fiscal Manager | Signature (type) | Date |

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| For Group Applicant Signatures |
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| Agricultural Producer 1 | Signature (type) | Date |
|       |       |       |
| Agricultural Producer 2 | Signature (type) | Date |
|       |       |       |
| Agricultural Producer 3 | Signature (type) | Date |
|       |       |       |
| Agricultural Producer 4 | Signature (type) | Date |

Add additional signatures as required.

All agricultural producers who are a part of the proposed research study must sign.

Submit Proposals to: DATCPNOPP@wisconsin.gov