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| DARM-BLWR-009 (09/2022) | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Resource Management  PO Box 8911 Madison, WI 53708-8911  Phone: (608) 224-4648 |
| 2024 DATCP Commercial Nitrogen Optimization Pilot Program Proposal  Applicants should reference the Nitrogen Optimization Pilot Grant Program Request for Proposals for instruction in completing this program application. | |
| DEADLINE: January 31, 2024 | |
| 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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| PART ONE OF APPLICATION | | | |
| **GENERAL PROJECT INFORMATION** All names /applicants must be legally eligible to sign contracts on behalf of their organization / self / farm. Please include the name, email and title of the person who is eligible fulfill that need in your application. | | | |
| **Requested Grant Amount** ($40,000 maximum per agricultural producer): $ | | | |
| Project Title (12 words or less): | | | |
| **Project Focus** (1-2 sentences on what you would like to learn): | | | |
| Applicant Name | | Email | |
| Applicant Mailing Address | City | State | Zip |
| Agricultural Producer 1 (if not applicant)  Farm Name (if applicable) | | Email | Phone Number |
| Mailing Address of Agricultural Producer 1 | City | State | Zip |
| Agricultural Producer 2 (if not applicant)  Farm Name (if applicable) | | Email | Phone Number |
| Mailing Address of Agricultural Producer 2 | City | State | Zip |
| Agricultural Producer 3 (if not applicant)  Farm Name (if applicable) | | Email | Phone Number |
| Mailing Address of Agricultural Producer 3 | City | State | Zip |
| Agricultural Producer 4 (if not applicant)  Farm Name (if applicable) | | 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**  The fiscal manager must be a legal entity with a SSN or employee tax ID. Each NOPP project must have a fiscal manager who will coordinate with the department on reimbursements. If the project applicant is not acting as the fiscal manager, the fiscal manager will sign the project contract. | | |
| **Fiscal Manager** (if not applicant) | Name | Email |

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| **PROJECT MANAGER QUALIFICATIONS**  Provide the following information for the project manager. Each NOPP project must have a project manager who will coordinate with the department and UW on research design and project implementation. | | |
| **Project Manager** | **Email** | **Phone Number** |
| **Summarize the Project Manager’s On-Farm Research Experience** |  | |
| Do you agree to work with the University of Wisconsin institutions and complete the data collection required for this project? | | |

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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 is required for each field that is part of the project. For assistance with this task, applicants may use the [Surface Water Data Viewer](https://dnr.wisconsin.gov/topic/SurfaceWater/swdv) from the Wisconsin DNR. Instructions for this process are included in the Nitrogen Optimization Pilot Grant Program Request for Proposals. |
| |  |  |  | | --- | --- | --- | | **Field** | **Lat** | **Lon** | |  |  |  | |  |  |  | |  |  |  | |

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| |  |  | | --- | --- | | **ORGANIZATION AND COLLABORATOR ROLES**  Agricultural producers may collaborate with a legal entity for project management purposes, including completing the application.  **If applicable**, enter the entities you are working with in the respective blanks below.  Please include a **letter of commitment** from this organization agreeing to be a partner for the two-year project. | | | Research partners(names, roles) |  | | Project Management partners (names, roles) |  | | Other partners (names, roles) |  | |

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| **RESEARCH STUDY**  **Study Summary**  **Research Design and Methods**  The NOPP grant application requires pre-approval of the research design aspect of the application. All applicants must contact Monica Schauer or Lindsey Rushford, the UW contacts for the DATCP NOPP to review their research plans and obtain a Pre-Approval Code. | |
| UW Approval Code |  |

Provide a summary of the proposed project below or in a separate document thoroughly answer the below questions. **Please attach design plan approved by UW.**

1. Study Summary

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| * 1. Specific topic(s) of the proposed research: |
| * 1. Central question(s) the research seeks to answer: |
| * 1. Anticipated findings or results for the project |
| * 1. Use of technology as part of the project design (biotech, drones, precision ag, etc.) |
| * 1. Geology/Geography of the study area: |

1. Research Study Design and Methods

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| * 1. What is the location and size of the field/research plot(s)? How and why was the location(s) selected? |
| * 1. What is the control treatment? |
| * 1. What nitrogen application rates will be tested? (projects must include at least three rates in addition to one zero-N strip) |
| * 1. Describe or attach a field layout plan for      1. Replication plans      2. Randomization plans |
| * 1. What management option is being tested (if any)? |
| * 1. Describe any other research design and methods not covered above |
| **Outreach Efforts**  Value is added to all on-farm research by incorporating some method of sharing the study with others. Points will be given for projects which include outreach, such as a field day/field talk. Please explain below any outreach efforts planned for this project. |
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| **EQUIPMENT PURCHASE REQUEST** |
| Pre-approval for equipment purchases over $2,500 is required from DATCP. If you are requesting to purchase equipment costing over $2,500 as part of the NOPP grant, please provide the following information.   * How much is being requested for what type of equipment? * Who will retain ownership of the equipment after the conclusion of the NOPP study? * What is the role of the equipment in the research study? * How will the equipment be used once the NOPP grant is complete? * Invoice / estimate for the equipment |
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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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A complete application will include:

* Preapproval of Research Design from UW
* A complete Part 1 application document
* Research study design and methods as separate attachment, or as part of this document.
* A complete Part 2 Application Spreadsheet (budget, work plan, zero-N calculation)
* A complete list of all agricultural producers associated with group applications
* Letters of commitment from any collaborators
* Signatures from grant applicant and agricultural producers

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| Electronic signature(s) of grant applicant and/or fiscal manager. By signing this application, I certify (1) to the qualification of the agricultural producer(s) 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; and (3) By submitting a NOPP application to the Department, the applicant(s) represent that they are authorized to site an awarded project on the proposed location identified in the application. | | |
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| Grant Applicant | Signature (type) | Date |
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| Fiscal Manager | Signature (type) | Date |

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

Add additional signatures as required.

All agricultural producers who will participate in the research study must sign.

Submit Complete Proposals to: [DATCPNOPP@wisconsin.gov](mailto:DATCPNOPP@wisconsin.gov)