

DCR Nutrient Management Direct Pay Plan Development

Farmer Consent Form

1 of 2



FARMER NAME: _____

NAME ON PLAN: _____

MAILING ADDRESS: _____

PLAN BEGIN DATE: _____ PLAN EXPIRATION DATE: _____

I understand that _____ (name of planner) is a Virginia-Certified Nutrient Management Planner. I agree for them develop, or revise, a nutrient management plan for the farm(s) I operate. I understand that this planner will receive compensation from the Department of Conservation and Recreation (DCR) for this service to promote nutrient management planning. *Please note that the compensation paid by the Department to the planner represents a subsidy towards the planner's normal fee for services provided. The planner may include other value added services to the farmer at a fee greater than the subsidy payment.*

By signing this agreement, I understand I will implement my nutrient management plan on my farm(s). No other planner will be eligible to receive subsidized nutrient management plan development assistance for the acreage listed in this form from any state or federal program. **I understand that I am NOT eligible to sign-up the acreage listed in this form** in any other state or federal program for nutrient management plan writing assistance.

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Farmer Consent Form 2 of 2

Unique Plan Identification Number: _____

(from Activity Report Form-Acreage Tab OR Ag N.M. Planning Module)

Plan Year: Year 1 Year 2 Year 3

Plan Acreage Change: No Change New Acres Deleted Acres

Acreage Requested for Verification: _____

Unique Plan I.D.	Crop/Animal*	New/Revised	County	HUC	Acreage	(DCR USE ONLY) Payment Request

* "Animal Plan" is a farm where manure generated on-farm is collected and stored/spread on fields. Use of "imported" manure spread on fields is identified as a "Crop Plan".

- Check box IF this plan is written for the "Litter Transport Program" outside the Bay Drainage Area
- Check box IF this plan is written for the "Resource Management Program" outside the Bay Drainage Area

FARMER SIGNATURE: _____ DATE: _____

DEVELOPER SIGNATURE: _____ DATE: _____

PLANNER CERTIFICATION NUMBER: _____

- Enhanced Practice Acres Form Attached
- No Enhanced Practice Acres Associated with this Plan
- Enhanced Practice Acres Reported with Verification Form