

**C-2000 Conservation Practices Program  
Nutrient Management Plan Planner Payment Form**

Application No. \_\_\_\_\_ SWCD/TMDL watershed \_\_\_\_\_  
*FIPS - FY - #*

Planner: \_\_\_\_\_ Landowner: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Planner Soc. Security # \_\_\_\_\_

Application Section	Payment Section
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(A) Field No.	(B) Estimated number of acres To be planned	(C) Payment Level \$2	(D) Estimated payment Amount B x C = D	(E) Actual acres planned	(F) Payment \$2	Actual Payment Amount E x F = G
		\$ 2			\$2	
		\$2			\$2	
		\$2			\$2	
		\$2			\$2	
		\$2			\$2	
		\$2			\$2	
<b>Total</b>						

A Nutrient Management Plan application for the landowner stated above has been approved for payment of no more than \$ \_\_\_\_\_ to be paid to: (certified planner) \_\_\_\_\_.  
 Plan must be completed by: (date) \_\_\_\_\_

SWCD Chair (signature) \_\_\_\_\_ (date) \_\_\_\_\_

**Amendment.** Payment for an additional \_\_\_\_\_ acres to this plan is approved.  
 SWCD Chair (signature) \_\_\_\_\_ (date) \_\_\_\_\_

I certify that implementation of this plan will meet NRCS Nutrient Management Standard.

Planner name \_\_\_\_\_ Certification # \_\_\_\_\_ Date \_\_\_\_\_

SWCD/Technical signature \_\_\_\_\_ Date \_\_\_\_\_