



**New Hampshire Department of Agriculture,
Markets & Food
Division of Regulatory Services**

FOR DRS USE ONLY	
Date Received	
Grant Number	
Amount Granted	\$

**AGRICULTURAL NUTRIENT MANAGEMENT
GRANT PROGRAM**

APPLICATION

(Please type or print clearly. Additional information may be provided as attachments to this form)

1. PROJECT TITLE:		
2. APPLICANT/ORGANIZATION:		
CONTACT PERSON:		
LOCATION OF PROJECT:	CITY:	ZIP:
MAILING ADDRESS:	CITY:	ZIP:
HOME TELEPHONE:	ALTERNATE TELEPHONE:	<input type="checkbox"/> CELL <input type="checkbox"/> WORK <input type="checkbox"/> OTHER
FAX:	EMAIL ADDRESS:	
HOW WOULD YOU PREFER TO BE CONTACTED?		
3. PROJECT LOCATION: Please list directions to the project site.		
4. GRANT AMOUNT REQUESTED: (\$5000 maximum).		

5. PROJECT DESCRIPTION: Please describe what you intend to accomplish and how.

PROJECT START DATE:

PROJECT END DATE

Attach the following to your application:

- I. A topographic map and/or aerial photo showing water bodies & landforms
- II A project site map (may be hand-drawn) showing structures and dimensions
- III. Drawings, sketches and/or photographs to help visualize problem areas.

These attachments must show accurately where the project is located on your property and its relation to wetlands, streams, wells or other environmentally sensitive areas on the property or in the vicinity of the project.

6. ITEMIZED BUDGET: Be as specific as possible in showing costs by category: labor, materials, etc. Indicate what costs or tasks will be provided by the applicant. The grant **can not** be used for your own labor but your labor costs can be shown to be recognized as an in-kind contribution.

7. APPLICANT BACKGROUND/QUALIFICATIONS: For on-farm projects, list relevant information on the operation, farm history, crop types, acreage, number of animals and specie(s), present manure management practices, farm building details, and etc.

8. OBJECTIVES: Describe how this project intends to meet the program's goals relative to agricultural nutrients and water quality concerns. Indicate the distance in feet to nearby waters, names of streams and ponds if known.

9. SIGNATURE OF APPLICANT:

DATE:

Return the original and three (3) copies of this application form to:

**NH Department of Agriculture, Markets & Food
Division of Regulatory Services - ANM Grant Program
PO Box 2042
Concord, NH 03302-2042**

**Email to registrations@agr.nh.gov
Fax to (603) 271-1109**